THE

Medical and Phyfical Journal.

VOL. VI.] OCTOBER, 1801. [NO. XXXII.

An Account of an extraordinary Tumor on the Eye, extirpated by F. BOUTTATZ, *of Moscow, M. D. Fellow of the Medical Society of London, and corresponding Member of the Royal Medical Society of Gottingen.*

[With Plates.]

To the EDITORS of the MEDICAL and PHYSICAL JOURNAL.

Gentlemen,

YOUR valuable Journal being read by every fcientific practitioner, I beg you will do me the favour to infert the following cafe in your next Number.

Charlotte Street, Fitzroy Square, Sept. 10, 1801.

I am, &c.
F. BOUTTATZ.

DURING my refidence in Switzerland, in 1797, I frequently met a man, from whofe left eye an uncommon excrefcence depended; but whenever I met him, I was prevented from more minutely examining him, as the company in which I was fhuddered at the fight of fuch a monftrous excrefcence, which, indeed, had a moft dreadful appearance. Being, however, impatient to inquire into the cafe of this man, I appointed him to meet me at Morge, where I frequently ftaid a confiderable time, and where I examined his eye, and found it in the following ftate. The excrefcence, (Tab. I.) depended from the left eye, in the form of a bag; its fhape refembled that of a pear, and had at the lower extremity a fmall protuberance. This bag was 7 ½ inches long, and 3 ½ inches in circumference. The point of this bag was hard, but it gradually grew fofter as it approximated the eye. Within the diftance of about an inch from the eye, it felt hollow, which made me hope that the bag did not take its origin from the furface of the cornea. This excrefcence could be eafily moved in any direction, and its

its colour exactly agreed with the complexion of the face, which was of a tawny hue, membranous, and wrinkled towards the point, as if folded. The man generally made use of a cloth to support the excrescence, the weight of which, as he told me, seemed to be drawing the eye out of the socket. He was forty-five years old, and had been afflicted fifteen years with this tumor, which he supposed was caused by an inflammation in the eye. This inflammation he reported to have been of very long duration, though not violent, and when it subsided a skin began to form itself upon the eye, and gradually increasing, by degrees expanded itself, without being attended with intense pain. He felt, however, an obtuse pain in the head, and in the socket of his eye, accompanied with a sensation as if something was drawing it out of the orbit. The eye-lids were unnaturally distended, appearing to be larger than usual. He assured me that he could distinguish day from night with this eye, notwithstanding the bag that enclosed it, and he even could perceive when a lighted candle was brought into the room. This information made me conclude that the bag did not cover the whole superficies of the pupil, which very probably was perfectly sound. On examining the bag, I found that towards the interior corner its substance seemed to be thinner than in the lower parts; and upon putting my thumb upon that part, by means of which the man could distinguish light from darkness, he could not see. This induced me to think that the man might be delivered from his singular burden by means of an operation. I intimated my opinion to him, but he absolutely refused to submit to it. I offered him money, if he would only permit me to make an incision in that part of the bag through which he could distinguish light from darkness, in order to ascertain whether his eye was injured or not; but all that I urged was to no effect. He left me, and I gave up all hopes of ever seeing him again.

I was desirous of performing the operation for the following reasons:

In the first place, as the bag was neither large in circumference, nor very thick near the pupil of the eye.

2. As there was no reason to apprehend that I should meet with any large vessel to induce considerable hæmorrhage, which, moreover, should it take place, would rather be beneficial by moderating the inflammation that would succeed the operation.

3. As the bag being moveable, I had no reason to think that in all points it adhered to the superficies of the eye.

4. This appeared the more probable, the man being able to distinguish light from darkness.

5. As it was highly probable, that the pain which the man felt

felt in the corner of the eye and in his head, proceeded from the weight of the excrefcence, which might occafion a caries, or other mifchief, in the focket of the eye.

6. As that part, whence the perfon could diftinguifh light from darknefs, could ferve me as a guide in my operation, and determine me to go through, or to difcontinue it. For in cafe I fhould have found the eye injured, or the affertion of the perfon erroneous, I might have fuffered the incifion again to clofe without proceeding further.

After the lapfe of eight days the man came to me again, informing me that he had made up his mind to fubmit to the operation, if I would make him a prefent of money.

Having maturely pondered the motives which had determined my refolution, I was confident of being completely juftified in attempting an operation. I was the more refolved not to let this opportunity efcape, as a young phyfician but rarely meets with fuch a cafe.

Before I commenced the operation, I tied a bandage over the found eye, and then made an incifion with a biftoury in the internal corner of the eye, where the perfon could diftinguifh light from darknefs, acrofs the excrefcence clofe to the eye. I had fcarcely penetrated a few lines, before I found that the excrefcence was hollow, and that there was a confiderable cavity between it and the eye. Having enlarged the incifion fo much that I could conveniently introduce a finger, and cleanfe the wound with a fponge, the perfon told me that he could fee a little; which confirmed me in my hope that the eye would be found uninjured. The further I proceeded in my operation, the more firmly was I convinced that the eye was perfectly found. In making the incifion, I took care to follow the fhape of the eye, and to lay it open as much as poffible.

As foon as I had performed a circular incifion, the bag was entirely detached from the eye. I left juft as much of the excrefcence as was required to heal the edges of the wound without injuring the eye.

The hæmorrhage was inconfiderable in proportion to the wound, but my patient, neverthelefs, fainted away for about five minutes. I availed myfelf of this opportunity to cleanfe the wound, and to examine the eye more minutely, when I found that the excrefcence had not been any thing elfe but an unnatural extenfion of the conjunctiva, which probably had feparated itfelf from the eye, and formed that bag.

It would be highly important to know what external remedies were applied in the beginning of the inflammation, and during the progrefs of the difeafe; but this information one cannot expect to obtain from an ignorant patient, efpecially

when the diſeaſe is of many years ſtanding, and many particulars neceſſary to be known have eſcaped the memory.

My patient ſoon recovered from his ſwoon. In order to prevent a violent inflammation, as he was of a ſanguine temperament, I ordered him to loſe ten ounces of blood, and apply cold lotions to the eye. I alſo kept the eye-lids open by means of ſticking plaiſter, to prevent them from irritating the wound, and occaſioning a violent inflammation. The eye-lids, eſpecially the lower one, were diſtended in an unnatural manner.

I directed my patient to take ten grains of nitre every three hours, and to bathe his feet in warm water and muſtard, in order to excite a counter ſtimulus and aſſiſt in abating the inflammation of the eye. Towards evening the patient complained of violent pain in the cavity of his eye, and in his head. His pulſe was extremely ſtrong and full, which induced me to bleed him a ſecond time, and to draw about eight ounces of blood. Inſtead of the cold lotions, I directed emollient cataplaſms of mallows and camomile to be applied. His pain was very violent at night, and he could not ſleep till towards morning. The next day the pain was leſs violent; the dreſſing was not changed; the nitre was continued; and a common glyſter injected, in order to keep the body open.

The pain was inconſiderable on the third day. I opened the dreſſing, when I found the edges of the wound inflamed, and very much ſwelled. The eye was red and inflamed; the eye-lids were ſwelled, and ſomewhat inflamed. I ordered the emollient remedies to be continued; and as the patient was coſtive, I preſcribed a purgative, which produced the deſired effect. The ſwelling had abated the next day, and the eye was leſs inflamed. The patient informed me that he had ſlept well. The diet was antiphlogiſtic. As the edges of the wound began to ſuppurate, and the pain had conſiderably abated, the eye was dreſſed twice a day; and as the ſuppuration now grew more copious every day, and not the leaſt ſign of danger appeared, I cauſed the edges of the wound to be moiſtened at different times with a weak ſolution of extr. Saturn. in order to check its progreſs. The eye was waſhed with a compoſition of opium and roſe-water, in order to cleanſe it from the matter which iſſued upon it from the wound.

A few days after the ſolution of extr. Saturn. was increaſed, I preſcribed gentle purgatives, and directed my patient to obſerve the moſt rigorous antiphlogiſtic diet. The continuation of this treatment ſoon made the edges of the wound cicatrize; but the more they cicatrized, the more did the patient complain of pain in the eye, the cauſe of which I could not at

firſt

Plate II. The Eye after the Operation.

Printed for R. Phillips, No. 71, St. Pauls Church Yard.

firſt diſcover; but when I examined the eye more cloſely, I found that the pain was occaſioned by the contraction of the wound producing a preſſure upon the eye, which determined me to raiſe the edge of the wound with a pair of forceps, and ſplit it with a biſtoury. The patient derived inſtant relief from this operation, and his pain left him entirely. The inciſion healed in a ſhort time, without any bad conſequences ariſing therefrom. The proud-fleſh, which appeared in different parts of the wound, being extirpated by means of cauſtics, the wound healed very faſt, and became as it were cartilaginous. Although the eye-lids were conſiderably diſtended, yet they did not entirely cover the edge of the excreſcence.

When I had performed the operation, I opened the bag (Pl. 2.) lengthways, in order to examine it. It was filled with a lardaceous ſubſtance from the point up to within an inch of the eye, and very much reſembled a ſteatoma, from which it however differed by the appearance of the fatty ſubſtance, which was not ſmooth like lard, but granulated and uneven. The point of the excreſcence had a protuberance which is well repreſented in the plate. The part where it adhered to the eye was hollow. The ſurface of the excreſcence was membranous, and contracted in wrinkles, weighing two pounds and two ounces. In form it reſembled a hydrocele.

Explanation of the Plates.

Plate I. The appearance of the eye and tumor previous to the operation.
Plate II. 1. The eye after the operation. 2. Section of the ſac.

To Dr. BATTY.

Dear Sir,

I Have encloſed an extract of a letter which I received ſome time ago from Mr. Bennett, an intelligent practitioner, at Shifnal, in Shropſhire, which I requeſt you to inſert in the Medical and Phyſical Journal. To render the caſe more compleat, I have ſubjoined an accurate analyſis of the calculus, performed by my friend, Dr. Pearſon. The pin, with the remaining portion of the incruſtation, is now in my poſſeſſion; its original length was ſomewhat more than an inch, and about three-quarters in its circumference. It is not unuſual to meet with needles, and other pointed ſubſtances, having paſſed through different parts of the body, without ſuffering any eroſion

erosion, or acquiring in their passage any adventitious matter; probably the incrustation, in the present instance, may have accumulated during the formation of the abscess, for we occasionally observe a similar substance where ulceration has been produced by the long continued pressure of hard bodies, more particularly upon secreting surfaces, as the vagina, &c.

I remain, dear Sir,
Your's very truly,
H. LEIGH THOMAS.

Leicester Square, September 18, 1801.

An extraordinary Case of Abscess. By Mr Bennett.

Oct. 15, 1793, I was sent for to a collier's wife in the neighbourhood, who had lately lain-in of her first child. She complained of violent pain in the right side of the abdomen, which made me conclude that some kind of inflammation was taking place. I ordered the part to be frequently fomented with a decoction of wormwood and camomile, applying after each time, spt. camphorat. sprinkled upon warm flannel; also two table spoons full of sperma ceti mixture, with sal. nitri to be taken every four hours. In the space of two days she was free from pain, but a tenderness in the part remained on pressure, attended with a slight tumefaction, but not the least discolouration whatever. The fomentation, &c. were discontinued; the mixture taken regularly till the 26th, when a slight cough and expectoration coming on, and being much reduced in flesh and strength, her friends had an idea that she was going rapidly into a consumption; and, being in low circumstances, signified to me that they could not afford any further medical attendance, as they thought it answered no purpose. I therefore heard no more of her till June 24 following, when, to my great astonishment (supposing her dead long since) I was again sent for to her, and found a considerable abscess on the point of breaking, which had made its appearance rather suddenly, without any great degree of pain, about half way between the pubes and umbilicus, and, in respect of health, seemed considerably better than when I last saw her. I ordered a bread and milk poultice to the part, frequently renewed till the abscess burst, (she being averse to having it opened with a lancet) which happened the next day, and discharged a great quantity of thin whitish pus. On the 27th, I saw her, and found the opening of a sufficient size, and in the most depending part, with no extensive sinus that I could discover, or confinement of matter in any direction. I advised it to be dressed superficially with a mild digestive ointment twice a day, and a poultice applied over the dressing; also the most nourishing

ing

ing food ſhe could procure, and ſome wine, the diſcharge being very profuſe. Medicines ſhe would not take. I ſaw her a few times in the months of July and Auguſt, and conſidered her in a ſimilar way to one lingering under a Pſoas Abſceſs, ſhe being little more than a ſkeleton a ſecond time. I heard no more of her till November 11, when ſhe ſent for another box of digeſtive, and to inform me that a ſubſtance covering a pin (as they deſcribed it) with the point juſt viſible, had worked out of the abſceſs a few days before; that the diſcharge was much leſſened, of a thicker conſiſtence, and that ſhe began to feel herſelf better. In the courſe of the winter (the wound ſoon healing up) ſhe perfectly recovered; and towards the end of the year 1795, brought me the calculus, and, being pregnant, engaged me to attend her the following February, which unfortunately I was not able to perform, but learned ſhe had an eaſy labour.

It is difficult to ſay in what manner, or at what part, the pin was introduced into the body, and ſtill more difficult to ſpeak of its courſe. However, I cannot help thinking that it muſt have been puſhed in during a ſtrong labour pain; but whether in the part firſt affected, or where it came out, it is impoſſible to ſay.

To Mr. THOMAS.

Dear Sir,

I am truly aſhamed to have been ſo long in your debt, from my promiſe to examine the calculous incruſtation on a pin lodged in the cellular membrane of the abdomen.

At length I have finiſhed a ſet of experiments with ſome care, and the reſult is, that the calculus conſiſts of above two-fifths of its weight of animal matter, as in bone, which are united to the remaining three-fifths of phoſphate of lime. There is certainly neither uric oxide, ſo commonly found in human urinary calculi and tophi, nor volatile alkali; but I am not ſure that there is not a ſmall proportion of magneſia alba. This reſult is very conſiſtent with ſome analyſes I have made of other calculi, partciularly of incruſtations on the teeth, improperly called *tartar*.

I am, dear Sir,
With ſincere regard,
Your's truly,
G. PEARSON.

Leiceſter Square,
Auguſt 25, 1801.

Account

Account of Diseases in an Eastern District of London, from the 20th of August, to the 20th of September, 1801.

ACUTE DISEASES.	
Typhus - - - - - -	25
Febris Remittens - - -	1
Variola - - - - - - -	1
Peripneumonia - - - -	2
Acute Rheumatism - -	3
Dysenteria - - - - -	10
CHRONIC DISEASES.	
Tussis - - - - - - -	8
Tussis et Dyspnœa - - -	6
Peripneumonia Notha - -	2
Phthisis Pulmonalis - - -	3
Hepatitis Chronica - - -	3
Anasarca - - - - - -	7
Gastrodynia - - - - -	3
Dyspepsia - - - - - -	4
Tenesmus - - - - - -	1
Diarrhœa - - - - - -	6
Enterodynia - - - -	4
Hæmorrhois - - - -	3
Menorrhagia - - - -	4
Fluor Albus - - - - -	2
Scrophula - - - - -	3
Vomitus - - - - - -	6
Vertigo - - - - - -	3
Paralysis - - - - - -	2
Impetigo - - - - -	3
Lumbago - - - - -	2
Rheumatismus Chronicus -	12
PUERPERAL DISEASES.	
Menorrhagia Lochialis -	4
Dolores Post Partum - -	3
INFANTILE DISEASES.	
Diarrhœa - - - - - -	6
Ophthalmia - - - - - -	2
Aphthæ - - - - - - -	3

As the season of the year has arrived in which fevers of the Typhus kind usually constitute a large part of the catalogue of diseases, the number in the present list will not excite any surprise. The principal occasion of regret is, that during those months in which, in the common course of things, this class of diseases does not make a conspicuous figure, it has lately very much engaged the attention of practitioners. In our last Report we were happy to announce, that the disease had assumed a milder form, that the affections of the brain were less violent, and that the instances of a fatal termination were less frequent. In the cases which have since occurred, the delirium has been less violent; it has been rather of that low muttering kind which we have been formerly accustomed to observe in this species of fever. But though the brain has been less violently affected, the effects of the disease upon this organ have continued longer than usual.

In one instance, after the termination of the fever, the patient fell into that state of intellectual derangement which Nosologists have distinguished by the term Amentia.

A general inattention to surrounding objects, and an indifference to every person and to every thing about them, together with an indisposition to take in necessary food, are characteristics of this disease. The patient referred to, continued in this state for several days, but seems now to be gradually recovering from it. In one of the cases, symptoms of Hemiplegia occurred at the close of the fever; and in another, such a loss of recollection and other symptoms of mental debility as produced the appearance of premature old age.

Dysenteries have very frequently occurred during the last few weeks. These have been attended with the usual symptoms of a mild disease, and have not, in any of the cases referred to, proved fatal.

On CUTANEOUS DISEASES.

GREAT improvements in the practice of Medicine and Surgery generally proceed from the concurrent labours of many; there are, however, instances where individuals, favourites of Apollo, who have devoted long and continued attention to the investigation of particular subjects, have merited the whole honour of their improvements. Of the dead, the examples are numerous, from Hippocrates to Hunter; of the living, our Journal already contains two memorable instances, Dr. JENNER's introduction of the Vaccine Inoculation, and Dr. JACKSON's* investigation of the nature and causes of Idiopathic Fever.—We now proceed to a third, where the labours and difficulties have been greater than in the preceding, and from which the Profession will not derive less advantage. The public expectation has rarely been raised so high, or so completely gratified, as far as the Work has proceeded, as by the DESCRIPTION AND TREATMENT OF CUTANEOUS DISEASES, by ROBERT WILLAN, M. D. F. A. S. 4to. about 110 pages each Order, illustrated with coloured plates. London, Johnson.

The term "Cutaneous Diseases" is familiar enough to every practitioner, and some of them occur so frequently that most people can distinguish them with sufficient ease and certainty; but we believe there are very few, even of Professors, who have any systematic knowledge of the whole subject; and we know that what was to be found in books, before the present publication, was too confused and imperfect to repay the time of reading them. A wilderness so completely uncultivated did Dr. W. find diseases of the skin, that he was obliged to adopt new principles of classification, and almost to create a new language, before he could commence his labours. We do not mean that he *rejected* old and appropriate names when they could be found, but that he was obliged to insert many new ones; and to give, what they never had before, a precise meaning to the old ones. It is obvious, therefore, that previous to our commencing any intelligible account of this elaborate work, we must give an explanation of the sense in which Dr. Willan uses the terms employed in his definitions and descriptions of these complaints. It may be proper, however, to premise, that the Author proposes to distinguish all these affections of the skin, whether attended with constitutional derangement or not, by obvious external marks, which are represented by coloured plates.

---

* Vol. i. p. 225.

DEFINITIONS.

1. SCURF (furfura); ſmall exfoliations of the cuticle, which take place after ſome eruptions on the ſkin; a new cuticle being formed underneath during the exfoliation.

2. SCALE (Squama); a Lamina of morbid cuticle, hard, thickened, whitiſh, and opake. Scales have at firſt the figure and extent of the cuticular lozenges; but afterwards often increaſe into irregular layers, denominated CRUSTS. Both ſcales and cruſts repeatedly fall off, and are reproduced in a ſhort time.

3. SCAB; a hard ſubſtance covering ſuperficial ulcerations, and formed by a concretion of the fluid diſcharged from them.

4. STIGMA; a ſmall red ſpeck in the ſkin, occaſioning no elevation of the cuticle. Stigmata are generally diſtinct or apart from each other. They ſometimes aſſume a livid colour; and are then termed PETECHIÆ.

5. PAPULA; a very ſmall and acuminated elevation of the cuticle, with an inflamed baſe, not containing a fluid, not tending to ſuppuration. The duration of Papulæ is uncertain; but they terminate, for the moſt part, in ſcurf.

6. RASH (Exanthema); conſiſts of red patches on the ſkin, variouſly figured, in general confluent, and diffuſed irregularly over the body, leaving interſtices of a natural colour. Portions of the cuticle are often elevated in a raſh, but the elevations are not acuminated. The eruption is uſually accompanied with a general diſorder of the conſtitution, and terminates in a few days by cuticular exfoliations.

7. MACULA; a permanent diſcolouration of ſome portion of the ſkin, often with a change of its texture, but not connected with any diſorder of the conſtitution.

8. TUBERCLE; a hard, ſuperficial tumour, circumſcribed, and permanent; or proceeding very ſlowly to ſuppuration.

9. VESICLE (Bulla); an elevation of the cuticle, of a large ſize, irregularly circumſcribed, and containing a tranſparent watery fluid. Veſicles with a dark red or livid-coloured baſe are uſually denominated PHLYCTÆNÆ.

10. PUSTULE; an elevation of the cuticle, ſometimes globate, ſometimes conoidal in its form, and containing pus, or a lymph which is in general diſcoloured. Puſtules are various in their ſize, but the diameter of the largeſt ſeldom exceeds two lines.

There are many different kinds of puſtules properly diſtinguiſhed in medical authors by ſpecific appellations; as,

1. PHLYZACIUM; a puſtule containing pus, and raiſed on a hard

a hard, circular, inflamed baſe, of a vivid red colour. It is ſucceeded by a thick, hard, dark-coloured ſcab.

2. PSYDRACIUM; a minute puſtule, irregularly circumſcribed, producing but a ſlight elevation of the cuticle, and terminating in a laminated ſcab. Many of theſe puſtules uſually appear together, and become confluent. When mature, they contain pus; and after breaking, diſcharge a thin watery humour.

3. ACHOR; a puſtule of intermediate ſize between the two foregoing, which contains a ſtraw-coloured fluid, having the appearance, and nearly the conſiſtence, of ſtrained honey. It appears moſt frequently about the head, and is ſucceeded by a dull white, or yellowiſh ſcab.

Puſtules of this kind, when ſo large as nearly to equal the ſize of Phlyzacia, are termed CERIA or FAVI; being ſucceeded by a yellow, ſemi-tranſparent, and ſometimes cellular ſcab, like a honey-comb.

4. PHLYCTIS; a ſmall puſtule with a circular baſe ſlightly inflamed, containing a lymph which is ſometimes clear and pellucid, but more frequently whitiſh like whey, or pearl-coloured. The puſtule terminates in a laminated ſcab.

Under this head may be ranked the puſtules denominated by authors Hydroa or Hidroa, Boa, Sudamina, and miliary puſtules.

"I propoſe," ſays Dr. W. "to arrange Cutaneous Diſeaſes in ſeven orders, to be characterized by the different appearances of Papulæ, Scales, Raſhes, Veſicles, Puſtules, Tubercles, and Maculæ. By comparing together the 2d, 5th, 6th, 7th, 8th, 9th, and 10th definitions, the diſtinguiſhing characters of each order may be readily underſtood, and will be farther illuſtrated in treating of the orders reſpectively.

Theſe Orders, with the Generic Diſtinctions compriſed under each, are as follow:

ORD. I. Strophulus (Red Gum, Tooth Eruption, &c.)
Lichen (Spring Eruption, Scorbutic Pimples, &c.)
Prurigo (Gratelle, or Univerſal Itching of the Skin

ORD. II. Lepra (Leproſy of the Greeks)
Pſoriaſis (Dry or Scaly Tetter)
Pityriaſis (Dandriff)
Icthyoſis (Fiſh Skin)

ORD. III. Rubeola (Meaſles)
Scarlatina (Scarlet-Fever)
Urticaria (Nettle-Raſh)
Roſeola (Summer-Raſh, or Roſe Raſh)

Purpura (Purple or Scorbutic Rash)
Erythema Red Rash)
ORD. IV. Erysipelas (St. Anthony's Fire)
Pemphigus (Vesicular Fever)
Pompholyx (Water Blebs)
Herpes (Ringworm, Shingles, Wildfire, &c.)
Vacciola (Cow Pox)
Varicella (Chicken Pox)
Miliaria (Miliary Eruptions)
Eczema (Heat Eruption)
Aphthæ (Thrush)
ORD. V. Impetigo (Running Scab)
Ecthyma (Ulcerated Tetter)
Variola (Small Pox
Scabies (Itch)
Porrigo (Scald Head, &c.)
ORD. VI. Phyma (Boils, Carbuncles, &c.)
Verruca (Warts)
Acne (Stone Pock; red, tuberculated Face, &c.)
Lupus, or Noli me Tangere
Elephantiasis (Arabian Leprosy)
Frambæsia (Yaws)
ORD. VII. Ephelis (Sun Spots)
Nævus
Spilus, Moles, and other original Marks.

The first Order is thus characterised:

ORDER I.—PAPULÆ.

" Papulæ may be considered as enlargements of the Papillæ of the skin, occasioned by a strong determination of blood to them, sometimes attended with a degree of inflammation. The small Papillæ thus enlarged elevate the cuticle immediately above them, and appear red. A slight effusion of Lymph often takes place in these circumstances, and gives a pustular form to several of the Papulæ: but the fluid is re-absorbed without breaking the cuticle. The term Papula is employed by medical authors in various significations. Marcellus and Scribonius Largus extend it to express herpetic pustules, achores, and vari. Pliny includes under this title, wheals, miliary pustules, and petechiæ. Prof. Lorry and others also apply it to wheals and superficial tubercles, or pustules of various kinds. Plenck, in his Doctrina de Morbis Cutaneis, Class 5, has defined Papulæ as follows; Sunt tumores exigui sed duri qui vel resolvuntur, vel ex Apice quid humidi ejiciunt et dein desquammantur. Yet he comprehends in the class, several affections, not properly answering his specification of it, nor at all related to each other, as Vari, Grutum seu Milium, Herpes, Cutis Anserina, Tuberculum,

Tuberculum, Phygethlon, Lepra, Elephantiasis. It appears therefore that some limitation of the sense of this term is necessary. In defining it (Def. 5.) I have followed the authority of Sauvage and Linnæus. If that definition be strictly adhered to, few genera will be found belonging to this order. I have only observed three, which merit particular notice, Strophulus, Lichen, and Prurigo.

"I. The STROPHULUS is a papulous eruption, peculiar to infants, and exhibiting a variety of forms, which may be described under the titles of Strophulus Intertinctus, Strophulus Albidus, Strophulus Confertus, Strophulus Volaticus, Strophulus Candidus.

"1. Strophulus Intertinctus, usually called, the Red Gum, and by the French, Efflorescence Benigne. The Papulæ characterising this affection, rise sensibly above the level of the cuticle, are of a vivid red colour, and commonly distinct from each other. Their number and extent varies much in different cases. They appear, most constantly, on the cheeks, fore-arm, and back of the hand; but are sometimes diffused over the whole body. The papulæ are, in many places, intermixed with stigmata (Def. 5.), and often with red patches of a larger size, which do not however occasion any elevation of the cuticle. A child's skin thus variegated, somewhat resembles a piece of red printed linen: and hence this eruption was formerly denominated the Red-Gown, a term which is still retained in several counties of England, and may be found in old dictionaries. Medical writers have changed the original word for one of a similar sound, but not more significant."

[To be continued.]

Account of Medical Education in Edinburgh, with Remarks.

To the Editors of the Medical and Physical Journal.

Gentlemen,

As many of your readers may feel a satisfaction in being acquainted with the manner in which medical education is conducted, in a seminary so much celebrated as Edinburgh, I take the liberty of sending you, for insertion in your respectable Publication,

Publication, ſome details on that ſubject, which, as I ſtudied and graduated at that Univerſity, I am able to give you with tolerable accuracy.

It may be proper to premiſe a few general remarks on the origin and conſtitution of this ſeminary.

The Univerſity of Edinburgh was founded by James the VIth of Scotland, about the year 1581, and is denominated in all official writings, *Academia Jacobi Sexti, Regis Scotorum quæ Edinburgi est.* It conſiſts of a Principal and Profeſſors, who have ſmall ſalaries, and all of them, except the Regius Profeſſors, are appointed by the Town-council of Edinburgh, who have likewiſe the power of inſtituting new Profeſſorſhips when they ſhall ſee occaſion. The Principal, with the whole body of Profeſſors, form the Senatus Academicus, which enacts laws for the regulation of the College, and ſettles all matters relating thereto. Degrees are conferred, at certain periods, by the Principal, with the conſent and approbation of this body. There is an endowment of a few pounds per annum for a ſmall and limited number of Burſars, but there are no Fellows.

Moſt of the Profeſſors, and the whole number of ſtudents, live in the town; the latter wear no particular dreſs, are ſubject to no College laws, and may attend the lectures at ſuch times only as they pleaſe. There is indeed a ſmall fine for abſence or inattention, at one or two of the junior claſſes, as the Latin and Greek. The College exerciſes, beſides thoſe of conſtruing, tranſlating, or demonſtrating, at the Latin, Greek, and Mathematical claſſes, are writing occaſional eſſays on ſubjects connected with their ſtudies; at the Logic, the higher Latin and Greek claſſes, the Divinity, and of late years at the Moral Philoſophy. The only claſs, I believe, at which there is any examination on what has been previouſly heard, is the Logic. It is rather to be lamented that there are not more frequent opportunities of competition in the various claſſes of this Univerſity; and it is a circumſtance which muſt naturally excite conſiderable wonder among thoſe who are informed of it, that there is not a ſingle medal or prize of any kind ever offered for the beſt eſſay on any ſubject, whether literary or philoſophical. When it is conſidered how great is the inducement afforded to induſtry by an honorary reward of this kind, how trifling is the expence attending it, and how very many there are of diſtinguiſhed rank, fortune and reputation, who have had the elements, if not the whole of their education, at this Univerſity, it is extremely ſingular that no endowment of this purpoſe has ever been made. The Profeſſors themſelves, who amount to a conſiderable number, and are highly reſpectable for their learning and talents, might, by a very ſmall individual

dividual contribution, raiſe a ſufficient ſum annually for defraying the expence of a ſmall number of prize medals.

The Profeſſorſhips in the Univerſity of Edinburgh are divided into four faculties, viz. the *Faculty of Theology*, of *Law*, of *Medicine*, and of *Arts*; and the whole number of Profeſſors amounts to about twenty-four.

In the *Faculty of Theology* is comprized Divinity, Church Hiſtory, Hebrew and Oriental Languages.

In the *Faculty of Law*, Civil Law, Law of Nature and Nations, Univerſal Hiſtory, and Scot's Law.

In the *Faculty of Medicine*, Anatomy and Surgery, Practice of Phyſic, Chemiſtry, Materia Medica, Theory of Phyſic, Botany, and Midwifery.

In the *Faculty of Arts*, Latin or Humanity (literæ humaniores), Greek, Mathematics, Logic, Moral Philoſophy, Natural Philoſophy, Rhetoric and Belles Lettres, Natural Hiſtory, Practical Aſtronomy, Agriculture.

Till near the revolution there were no medical Profeſſors at this Univerſity, and even till the year 1720 they were merely titular. About that period the late celebrated Profeſſor Monro commenced his anatomical lectures, and from that we may date the formation of the Medical School in Edinburgh, which has gradually ariſen to a degree of celebrity unequalled by any other in Europe.

From the above enumeration, it appears that the medical Profeſſorſhips are ſeven in number. That of Midwifery is not however on the ſame footing with the others, as the Profeſſor has no ſhare in the medical examinations, nor is it neceſſary for a ſtudent to attend this claſs before he is eligible to a medical degree.

The Lectures commence in the latter end of October, with the exception of Midwifery, of which there are three courſes in the year, viz. two in the winter and one in the ſummer, and laſt until the latter end of April or the beginning of May. The Botanical Lectures are only given in the ſummer ſeaſon, during the months of May, June, and July, at the Botanical Garden, a ſhort diſtance from Edinburgh. The preſent Profeſſor of Chemiſtry has for ſome time given a ſummer courſe of lectures which laſts three months.

The firſt few lectures in the ſeaſon are always occupied with the hiſtory of the ſcience, by way of introduction; and as the ſacraments of the church of Scotland, which occur twice a year, give an interruption to them for a week in the beginning of November, the particular buſineſs of the courſe is not entered upon till about the 10th or 11th of that month. The lectures are an hour each in length, except the anatomical, which

which is an hour and half at leaft. They are given on every week day except Saturday, and on that day fome of the Profeffors have occafion to lecture during a part of the feafon, in order to get through the bufinefs of the courfe.

The following are the names of the prefent Profeffors, and the hours at which they lecture:

Dr. Monro Dr. Monro, jun.	Anatomy - - - - - -		1 P. M.
Dr. Gregory - -	Practice of Medicine - -		9 A. M.
Dr. Hope - - -	Chemiftry - - - - - -		10 A. M.
Dr. Duncan - -	Theory or Inftitutes of Med.		11 A. M.
Dr. Home Dr. Home, jun.	Materia Medica - - -		8 A. M.
Dr. Rutherford -	Botany - - - - - - -		8 A. M.
Dr. Hamilton Dr. Hamilton, jun.	Midwifery -	in Winter in Summer	3 P. M. 10 A. M.

Any perfon who fees a clafs may attend the lectures; it is neceffary, however, to be afterwards enrolled in the College books at the matriculation, to be able to procure any official document of academical education, and to have accefs to the valuable collection of books of which the college library confifts. This noble library is enriched with a copy of every book which is entered at Stationers' Hall, and is aided by a fmall fum paid by each ftudent at his matriculation. The books may be procured, to a limited number, by ftudents, on their depofiting the value with the librarian, who returns it on receiving the book.

The whole number of ftudents at the Univerfity is from 1000 to 1300, of whom between four and five hundred are medical. The Profeffor of Anatomy has never fewer than three hundred attending him, and fometimes many more. The other claffes, particularly thofe of the Practice of Medicine and Chemiftry, are alfo well attended.

To the Profeffor of Anatomy belongs a very capital collection of preparations, which may be infpected by the ftudents in the lecture room, or in fome clofets adjoining it, in the courfe of the feafon. He is always able to provide a fufficient number of fubjects for public demonftration, but there are no opportunities of private diffection afforded in the College.

Students who attend the Midwifery clafs have the advantage of practice at the Lying-in Hofpital. Connected with the medical education of the College is the attendance at the Royal Infirmary, which is a building capable of containing above two hundred patients, and fupported principally by voluntary contribution. The medical and furgical patients are kept in different

different wards, and from the medical are ſelected about fifteen males, and as many females, with the moſt intereſting complaints, who are put into ſeparate wards, denominated *Clinical*, and are attended by a medical Profeſſor of the College, of whom there are generally four who take the duty alternately. The profeſſional buſineſs of the Infirmary is performed by two ordinary phyſicians, appointed for a permanence, with ſalaries; two ſurgeons,* a clinical phyſician, two phyſicians' clerks, a houſe ſurgeon, and two clinical phyſicians' clerks. The phyſicians' clerks and houſe ſurgeon are appointed by the managers, and reſide in the hoſpital; the clinical phyſicians' clerks are appointed by the clinical phyſician for the time of his attendance, and do not reſide. The patients are ſeen by the phyſician or ſurgeon having the care of them, every day, except Sunday, at twelwe o'clock.

The manner in which the buſineſs of the Hoſpital is conducted, reflects much credit on all concerned in it, and is extremely conducive to the improvement of the ſtudent. On the admiſſion of any patient, whether ſurgical or medical, the houſe ſurgeon, or phyſicians' clerks, take down an accurate account of the ſymptoms, and hiſtory of the complaint, in a book for the purpoſe, in which are alſo inſerted the daily progreſs and treatment, dictated by the attending ſurgeon or phyſician. Theſe books are, at certain times of the day, left in a particular room for the inſpection of the ſtudent; and as they are liable to ſeverity of criticiſm, both as to ſtyle and accuracy, it is the intereſt of all parties that they ſhould be correct. The ſurgical caſes of the Hoſpital form the baſis of a valuable courſe of Lectures, given twice a week during the winter months, by Mr. Ruſſell.

Patients admitted into the clinical wards are the peculiar objects of attention. An accurate hiſtory of their complaints is taken by one of the clerks on their admiſſion, and a very full report of the ſtate of the patient, with the progreſs and treatment of the diſeaſe, is every day dictated by the clinical Phy-

---

* The care of the ſurgical patients of the Hoſpital formerly belonged to the whole College of Surgeons, who took the duty by rotation, for two months at a time; the ſucceſſor acting as an aſſiſtant until it became his turn to officiate. Dr. Gregory, while Preſident of the College of Phyſicians of Edinburgh, publiſhed an addreſs to the managers on the ſubject of the ſurgical attendance at the Infirmary, and ſucceeded ſo far as to induce them to make material alterations in it. There are now, I believe, on the eſtabliſhment, ſix Hoſpital Surgeons, who are appointed for a permanence, with ſix aſſiſtant ſurgeons under them. Two of theſe ſurgeons act for two years at a time, and divide the patients. There is alſo a certain number of dreſſers appointed by the ſurgeons.

ſician, who alſo gives Lectures on theſe caſes at the College every Tueſday and Friday, at five o'clock. There are two clinical Phyſicians in winter and one in ſummer, each of them officiating in this ſituation three months.

The fee for the clinical, and each courſe of medical lectures, at the College, is three guineas, with a ſmall ſum to the janitor and ſervants. Every part of the Hoſpital, whether medical, ſurgical, or clinical, is open to the ſtudent for three guineas annually; and this fee, as well as that for the clinical lectures, is, I believe, leſſened after a certain attendance. The ſtudents are at liberty to viſit any part of the Hoſpital, at any time of the day, to make their perſonal obſervations on the ſtate of the patients, and compare the reports dictated by the phyſicians or ſurgeons with the appearances of the diſeaſe.

Before any gentleman can be examined for a medical degree in Edinburgh, he muſt bring forward documents of having ſtudied medicine three years, at that or ſome other Univerſity. The teſtimonial of that part of his education which he received in Edinburgh, is given him from the records of the Univerſity by the Secretary. As it may be acceptable to ſome of your readers to be informed of the regulations with regard to medical degrees in Edinburgh, I ſhall preſent them with nearly a literal tranſlation of the ſtatutes on this ſubject, known by the name of *Statuta Solemnia.*

STATUTES of the UNIVERSITY of EDINBURGH on the ſubject of Medical Degrees; propoſed by the Faculty of Medicine, and enacted by the Senate.

1. No one ſhall be admitted to the degree of Doctor of Medicine, except on the 24th of June and the 12th of September, or the days immediately ſubſequent.

2. No one ſhall be admitted into the number of candidates unleſs he ſhall have, for the ſpace of three years, ſtudied, in this or ſome other Univerſity, Medicine and the branches comprized in it, to wit, *Anatomy and Surgery*, *Chemiſtry*, *Botany*, *Materia Medica and Pharmacy*, and the *Theory and Practice of Medicine*, and unleſs he ſhall have attended the Clinical Lectures, given by the Profeſſors of Medicine, on the caſes in the Infirmary.

3. Three months at leaſt before the above-mentioned days, every one deſirous of the honours of Medicine, muſt deliver a *Medical Inaugural Diſſertation* to one of the Medical Profeſſors, who is to read it over, amend it if neceſſary, and annex to it, in writing, his *perlegi*, or certificate of having read it, with the day on which it was received.

4. On

4. On or before the 20th of April, or July, he muſt communicate his wiſh to the Dean of the Faculty of Medicine;* and at the ſame deliver to him, his Inaugural Diſſertation (with the certificate of the Profeſſor who has read it annexed) to be ſubjected to the opinion of the Faculty of Medicine, in order that they may, by this ſpecimen, as well as by a private examination, be acquainted with his progreſs in learning, particularly in the ſcience of medicine, before they admit him into the number of Candidates.

5. On the 18th of May, or the 6th of Auguſt, the Candidate ſhall be examined by two medical Profeſſors before the Faculty of Medicine, in the various branches of medical ſcience above enumerated.

6. Should the Candidate be approved, an aphoriſm of Hippocrates ſhall be propoſed to him by one of the medical Profeſſors, and a medical queſtion by another. The former, explained and illuſtrated by a commentary; the latter, with an anſwer ſupported by proper arguments, he ſhall deliver on the 28th of May, or the 16th of Auguſt, to the Profeſſors who propoſed them; and he ſhall defend his commentary and anſwer, on the 30th of May, or the 18th of Auguſt, before the Faculty of Medicine.

7. Should the Candidate be thus far approved, there ſhall be delivered to him by two Profeſſors, two hiſtories of diſeaſes, with queſtions annexed, that he may illuſtrate and anſwer them in writing. The caſes thus illuſtrated, together with the anſwers, he ſhall deliver to the Profeſſors propoſing them on the 12th of June or the 1ſt of September, and ſhall defend them before the Faculty of Medicine on the 15th of June or the 3d of September.

8. If the candidate be approved after the firſt trial on the 18th of May, or the 6th of Auguſt, he is at liberty to print his Inaugural Diſſertation, and muſt deliver ſix correct copies of it (wanting the page which expreſſes the title and the authority of the Univerſity) to the Dean of the Faculty of Medicine, on the 15th of June, or the 3d of September.

9. Should the Candidate be a third time approved by the Faculty of Medicine, the Dean of the Faculty ſhall report to the Senate every thing which has been done, and by their authority and approbation, he ſhall be ordered to publiſh and defend it, on the 24th of June or the 12th of September. He ſhall then, if agreeable to the Senate, receive in the uſual way,

* This is generally, if not always, the youngeſt Profeſſor of that Faculty.

the reward of his ſtudies and labour, the degree of Doctor of Medicine.

10. The Faculty of Medicine ſhall always meet at the College on the above mentioned days at nine o'clock in the morning.

11. All the aforeſaid examinations and exerciſes ſhall be in the Latin language.

No examinations can be conducted with more candour than thoſe in Edinburgh. Queſtions are never aſked with a view to puzzle or perplex, nor are any ever propoſed which a ſtudent ſhould not be able to anſwer. On the other hand, the examinations are not merely formal, as the Profeſſors never heſitate in rejecting a man, whom they do not conceive properly qualified. The principal examination is that mentioned as a private one at No. 4 of the Statuta Solemnia; it is held at the houſe of one of the Profeſſors, and is attended by the whole of the Faculty of Medicine as examinators. The gentleman at whoſe houſe the meeting is held, begins by an examination of the general functions of the body, and then ſelects a particular viſcus, of the ſtructure and uſes of which he requires an explanation. The others confine themſelves to practical and pathological queſtions on the diſeaſes of this organ, in which the prognoſis, diagnoſis, treatment, and nature of the remedies employed in the cure, come under review.

The other examinations are in the College Hall. The degree is conferred by the Principal, after an oath taken by each Graduate to practice his profeſſion in a juſt and honourable way. The diplomas are ſigned by the Principal and the whole of the members of the Senatus Academicus.

The graduation fees to the College amount to between thirteen and fourteen pounds, and are paid to the proper officer immediately after the examination at No. 5 of the ſtatutes.

A gentleman who has paſſed this examination may, if he pleaſe, defer taking his degree for ſome time, and reſume his exerciſes at the ſtage at which they were left off.

Having given you this general account of the mode in which medical education is conducted in the College of Edinburgh, I ſhall take an early opportunity of tranſmitting you ſome miſcellaneous particulars and obſervations on the ſubject.

London, September 8, 1801. Y.

A Case

A Case of uncommon Tumor.

To the EDITORS of the MEDICAL and PHYSICAL JOURNAL.

Gentlemen,

ON July 30, 1801, I was requefted by Mr. Brown, feveral years a furgical practitioner in this place, to fuperintend, along with our friend Dr. Scott, the extirpation of an uncommon tumor, pendant from the right labium pudendum of a poor girl, daughter to a cottager. The fubject's name is *Margaret Ruth*, aged twenty-two years, tall and robuft in her perfon, and frequently occupied in fome of the more laborious works of hufbandry. The tumor hangs by a ftalk about a fpan long, formed in the fuperior and greater part, by the teguments of the labium preternaturally elongated, and attached to a fhort neck, which feems to be in fubftance the fame with the tumor. This is of a globular fhape, nearly eleven inches in circumference, rather hard and unyielding to preffure, pretty fmooth on its furface, and excoriated on the inferior fide. As far as the teguments of the labium are concerned, the ftalk is endued with perfect fenfibility, but the neck and body of the tumor have little or none, all that they poffefs feeming to proceed from cutaneous connexion and confent.

No date can be afcertained for the commencement of the tumor; the only circumftance in this refpect which can be found out, is, that it was known to fome of the family above two years ago; but its increafe has been very flow, until within the preceding fix months, fince which its defcent and bulk have advanced rapidly. The patient is pofitive that it was not occafioned by any injury done to the part from which it grows, nor can fhe afcribe it to any particular caufe either external or internal. The catemenia are perfectly regular; and, except fome inconfiderable ftomach complaints, fhe otherwife enjoys a good ftate of health.

Though no pulfation could be felt in any part of the tumor or of the ftalk, yet, as the cafe was totally *new* to us, and as fome large morbid tumors have extraordinary veffels, it was thought prudent to furround the ftalk with two ligatures, one clofe to the neck, and another a little higher upon the elongation. The tying of thefe ligatures induced confiderable pain; and, indeed, were the meafures which alone gave any local uneafinefs from beginning to end of the treatment. The ligatures being fixed, the tumor was fevered under the lower one, by an incifion acrofs the neck, and only a few drops of blood

cam

came from the cutaneous veſſels. The ſimpleſt dreſſings, lint and a pledget with common ointment, were firſt put on; a full doſe of opium was then adminiſtered, and at the end of a few hours an emollient cataplaſm was added to the outward applications.

On diſſecting the tumor, which weighed twelve ounces, it was found to conſiſt almoſt entirely of an inorganic maſs, in ſmooth, white lamina, like layers of condenſed coagulable lymph, without a trace of any cavity or veſſel, ſave a tubular canal, reſembling a vein, which ran through it in a tranſverſe direction. The cutaneous covering was the only appurtenance which had vaſcular ſupplies that could be traced, and even theſe appeared to be ſcantily diſtributed. Excreſcences from the parts ſubſervient to generation in the female ſex, ſeem to have a proneneſs toward aſſuming an internal ſtructure ſimilar to that of the inſtance before us, at leaſt in relation to their ſmooth, laminated, buffy inſides. About twenty-eight years ago, I met with a caſe of Polypus in the Vagina, (ſee Edinburgh Med. Com. 1795, p. 298,) whoſe interior ſections exhibited very nearly the ſame whitiſh coloured and gloſſy appearance.

As to the ſequel of the preſent caſe, the portion of the ſtalk beneath the inferior ligature dropped of in a few days, but that under the ſuperior ligature was nearly a fortnight before it ſeparated. After this laſt ſeparation took place, the elongated teguments contracted a good deal; the wound began to cicatrize; little or no ſymptomatic fever occurred; and, in the ſpace of three weeks from the exciſion, the patient was able to walk home, to a diſtance of four or five miles from this town, without feeling the leaſt inconvenience. In conducting her cure, very little medicine was required; reſt with a cooling regimen, one or two mild laxatives, a few opiates, and occaſional emollient cataplaſms, were the leading meaſures employed throughout the whole treatment.

Londonderry, Sept. 5, 1801. WILLIAM PATTERSON.

To the Editors of the Medical and Phyſical Journal.

Gentlemen,

WHATEVER may be the opinion of gentlemen reſpecting the irritative property of Antimonium Tartarizatum I ſhall not attempt to diſpute, neither can I deny the reality of a fact ſo generally known and acknowledged; yet, when we come to a knowledge

knowledge of any hidden property in medicine, it behoves us to make public the diſcovery, that thereby we may be enabled to account for the repeated failure of operation.

We frequently find in adminiſtering this medicine in doſes intended to prove emetic, our expectations prove abortive, for inſtead of the expected effect it paſſes off either by the bowels or inſenſible perſpiration, leaving the ſtomach in a ſtate of undiſturbed quiet.

Knowing this from repeated obſervation, I thought it might prove of uſe in allaying nauſea, for which purpoſe, in the year 1798, I tried its effect on ſome ſoldiers then at Montego Bay in Jamaica, with unlooked-for ſucceſs. And I flatter myſelf in having thereby prevented in ſeveral inſtances the approach of fever, ſo often preceded by irritation at the ſtomach, which, neglected, terminates in exceſſive puking and inflammation. I generally gave it on the earlieſt approach of uneaſy ſenſation, but never after irritation became in any manner alarming.

What confirmed me in its ſucceſs was the viſible diminution of numbers on the ſick-liſt, until I was myſelf attacked with yellow fever. Afterwards they became more ſickly; but as I had only attended in the abſence of their ſurgeon, and he had returned, I had no further opportunity of then repeating the medicine preventively, and I have never given it as a cure.

My mode of preſcription was to mix carefully in a glaſs mortar, three grains of antimonium tartarizatum in two ounces of good Spaniſh white wine, of which the patient took a table ſpoonful every fifth hour until nauſea went off, which generally happened after the ſecond or third ſpoonful. He was afterwards put to bed, and made dilute with warm mint tea or thin gruel to bring on a moderate diaphoreſis. This generally had the deſired effect, and the patient returned to his duty on the following day, free from all complaint.

I have ſince tried it, and when called in time, am proud to ſay have but ſeldom failed in ſaving my patient; for when the antimonial ſolution had not the deſired effect of allaying nauſea, I never continued it ſo as to increaſe irritation, but inſtantly had recourſe to the tepid bath, and other modes of cure.

I hope this may prove of ſervice to my fellow-creatures in reſcuing them, as it were, from the brink of the grave; and am, &c.

Penryn, Cornwall,
Sept. 5, 1801.

J. RULE, Surgeon.

To

On a Cause of Jaundice.

To the Editors of the Medical and Physical Journal.

Gentlemen,

In Number xxix of your valuable Publication, Dr. Crichton has given an account of "an undescribed cause of Jaundice," which was a scirrhous pancreas, and upon which Mr. Bayley observes, in your last Number, that such a cause of jaundice was published by him in 1799. My reason for troubling you with this letter is merely to point out that this cause of jaundice has been long since described by Cheselden in his Anatomy. His edition which I have is the 7th octavo edition, published at London in 1750; and at p. 166 are these words: "In a man that died of a jaundice, I found the ductus communis choledochus *constricted by a scirrhous pancreas*, the gall bladder extended to the size of a goose egg, and all the ducts to twice their natural bigness." This is almost an exact description of the first case mentioned by Dr. Crichton, where, upon dissection, he found the ductus communis surrounded by the extremity of a scirrhous pancreas. Professor Harwood, of Cambridge, mentions, in his Anatomical Lectures, a case of a boy who died in the County Infirmary, of a jaundice, and, "upon opening the body, he found the cause to be a *scirrhous pancreas, which pressed on the ductus communis* so as to form a complete obstruction to the passage of the bile, and those parts in which the bile were detained were swelled to a most astonishing size. This disease was brought on by a kick from a horse." This is an extract from my notes of the Professor's Lectures, taken in the year 1788. When I first read Dr. Crichton's account, I supposed by an undescribed cause of jaundice, he meant a cause not described in any book of Nosology; but Mr. Bayley understands him differently. If Dr. C. thought that a scirrhous pancreas as a cause of jaundice had not been described and published, he certainly was mistaken; and it is for the purpose of pointing out this simple fact, and not with a view of detracting from the utility of his observations upon it, that I have sent you the preceding quotation from Cheselden.

I am, &c.

Chesterfield, Sept. 9, 1801. G. FLETCHER, M. D.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN a late Number of your Miscellany, Dr. Crichton has related three cases of jaundice produced by a scirrhus of the pancreas, a cause which he conceives to have been hitherto undescribed by authors. I trust that he will not suspect me of any intention to depreciate his valuable and interesting communication, if I point out to his notice the following extracts from a work of no inconsiderable merit or celebrity, the Historia Anatomico-Medica of Lieutaud.

" Vir *quinquagenarius* dolore corripitur in abdomine supra umbilicum; post varias remissiones, per duos menses, cutis *colore icteritis* defœdatur. Dolores intereà fiunt acerbiores, et quarto ab *ictero* die tumet hypochondrium dextrum. Dein ferociora urgent tormina; misellusque æger clamans et ejulans in convulsiones lethales incidit.

" Inter sectionem cadaveris reperitur *ductus biliferus mirum in modum a bile stagnante dilatatus*; adeo ut venæ portæ amplitudinem superaret. Vesicula fellis ab statu naturali minime recedebat, si excipias cervicem contractem, quæ appellenti bili aditum præcludebat. *Pars dextra pancreatis*, protuberans et premens ductûs cystici ostium, *dura et scirrhosa* deprehenditur; sinistra verò putrida. Duodenum hujusce mali consors, callosum deprehenditur." Obs. 1012.

" Vir *sexagenarius*, vino supra modum deditus, et ad tabem vergens, subito in *Icterum* incidit. Tum vires deficiunt, arcetur somnus; accedunt nauseæ cum ventris doloribus. Dein manus tremore debilitantur, subsequente totali impotentiâ, quæ artus inferiores etiam invadit. Tandem exolutis viribus occubuit.

" Lustratis interaneis, deprehendebatur *Pancreas* tumidum, universali et obfirmato *scirrho induratum*. Cætera viscera, non secus ac cutis, bile infecta videbantur." Obs. 1018.

Although there are some circumstances in which the above cases differ from those related by Dr. Crichton, particularly the absence of diarrhœa, there are yet many points of striking coincidence. I should not however have troubled you on the subject, but for an extraordinary letter in your last Number, the writer of which (if we are to judge from his mode of expression) seems desirous of taking some credit to himself, for having in his Thesis mentioned scirrhous pancreas as a cause of jaundice. Whatever merit this production may have in other respects, it certainly has no claim to originality on that score; the circumstance has been mentioned in most of the Edinburgh

Inaugural Diſſertations "de Ictero" for many years paſt; indeed, if it has ever been omitted, the authors muſt have been guilty of very culpable negligence, as Dr. Monro has long been accuſtomed annually to demonſtrate the preparation which your Correſpondent inſinuates to have been exhibited in "corroboration" of *his* ſtatement. I am, &c.

Sept. 12, 1801. M.

To Dr. BRADLEY.

Sir,

If the incloſed letter to Dr. Jenner meets your views, the inſerting it will much oblige, Sir,

Your obedient ſervant,
WILLIAM FORBES,
Of the Royal College of Surgeons.

To Dr. JENNER.

Sir,

I take the liberty, through the medium of the Phyſical Journal, of informing you that I have ſatisfied myſelf with the Cow-pox being a complete preventive of the Small-pox, if the Vaccine fluid be taken at an early period, and afterwards found to bear the true character, in the patient to whom it was communicated. I have expoſed many ſo treated to the infection of the Small-pox by inoculation; and although the variolous inflammation perfectly ſucceeded, and, I have no doubt, would have infected others inoculated with the fluid ſecreted, yet the conſtitutional progreſs was as completely arreſted as if the patient had gone through the Small-pox before.

After the moſt minute enquiry, no authentic inſtance has as yet occurred, of any having previouſly undergone the Vaccine Inoculation, becoming afterwards the ſubject of the infection of the Small-pox; about this I am the more particular, as many caſes of chicken-pox have been miſtaken for it.

Having lately extended my obſervations to the efficacy of the Cow-pox in preventing the diſtemper incident to dogs, laſt May I inſerted the Vaccine fluid three times into a young female ſpaniel of my own; twice in the inſide of each ear, and once in the inſide of each thigh, but without producing any effect; and the animal now labours under the diſtemper. At the ſame time I inoculated a young female pug, and a young male

male ſpaniel, in the inſide of each thigh; theſe were completely vaccinated, but, unfortunately, both of them have ſince had the diſtemper; and while the ſpaniel is now ſlowly recovering, the pug has fallen a victim to its influence. Great attention was paid to this little creature by the lady to whom it belonged; ſhe obſerved the part inoculated to go through every ſtage which is deſcribed as neceſſary for giving it proper effect, the animal never appearing in the ſlighteſt degree ill.

I had intended to have carried my experiments on a more extended ſcale; but theſe two caſes appearing ſo concluſive, and your expreſſing a deſire to Mr. Creſpigny to be acquainted with the reſult, will, I hope, be accepted as an apology for laying them before you.

I ſhall take the liberty to ſubjoin the appearances on opening the animal. The parts exhibiting marks of diſeaſe, were the membrane lining the noſe, the larynx and trachæa, which were in an inflamed ſtate; it is worthy of remark, that the left ſide only of that tube through its whole length was very vaſcular, while the membrane on the right ſide did not deviate from the natural ſtate. The brain was, to appearance, ſound. The inflammation of the mucus membrane, in my opinion, readily accounts for the primary ſymptoms, as affection of the eyes, running at the noſe, ſneezing, and that peculiar kind of cough which ſo particularly characterizes this diſeaſe;* and effects becoming probable cauſes from the diſtreſs and debility induced, vomiting, purging, fits, ſpaſmodic twitching, and apparent paralytic affection, emaciation, &c. ſupervene.

I remain, Sir,
With the greateſt reſpect, &c.
WILLIAM FORBES.

Camberwell,
Sept. 10, 1801.

To the Editors of the Medical and Phyſical Journal.

Gentlemen,

THE following relation of a caſe of ſuſpended animation which fell under my own immediate cognizance, being ſomewhat remarkable for the ſubject of it recovering ſufficiently to expreſs his ideas in very intelligible language, yet ſurviving only about 21 hours, I ſend you for inſertion in your miſcellany,

---

* The Diſtemper not having yet obtained any noſclogical name, perhaps that of Catarrhus Trachealis might not be deemed an improper one.

 if

if you deem it worthy of so much notice. It will be requisite to premise, that I was the active instrument of this person's partial recovery when a young apprentice to Mr. Watts, now Dr. Watts, a very superior and scientific man, of Cranbrook, in the western part of Kent, who did not see the patient till respiration had been established. The subjoined remarks upon this topic in general, you will retrench wholly, or in part, or not, as you may think proper.

I am, &c.

Leicester, July 30, 1807.

T. BISHOP,
Member of the Royal College of Surgeons, London.

John Morfatt, a butcher, of Cranbrook, a muscular, robust man, aged about 29 years, in a state of melancholia, attempted in the autumn of 1792, to terminate his existence by suspending himself to a beam in his slaughter-house; and so far accomplished his object, that he was not discovered till he had hung thus nearly ten minutes, when the cord was cut, and he was suffered to fall precipitately to the floor, which was paved, a distance of about fourteen feet. About fifteen minutes afterwards, the vital functions being completely suspended, the countenance of a deep purpule hue, I made a large orifice in one of the veins of the arm, with a view of taking away 6 or 7 ounces of blood; but an old, very ignorant surgeon arriving at this moment, compelled me to take away at least a pound of blood, which was done, and thus another quarter of an hour was expended. Notwithstanding no tremor of the heart, or subordinate vessels, or any other appearance of action could be discerned (excepting this ready flow of blood from the wounded vein, which I apprehended rather was independent of any muscular contraction in the vessels), this person, supposing the case should now be conducted like an ordinary fainting fit, directed me to have the body placed out of doors, to have a free admission of air, and to apply volatile alkali to the nostrils. But the body losing its heat rapidly, he modestly gave up the case. I then, i. e. at least 44 minutes after respiration had ceased, placed the body in a warm bed, and, being unacquainted with the practice of inflating the lungs, as speedily as possible threw into the rectum the smoke of burning tobacco very freely for the space of a quarter of an hour, heat being applied at the same time to the surface of the body by ordinary means. Two or three grains of tartarised antimony in solution were now put into the fauces; which producing no sensible effect, a spoonful or two of brandy and water was also made use of. Some time

after

after the above treatment had been adopted, i. e. about 15 or 20 minutes after he had been put to bed, and at leaſt 55 minutes after reſpiration had ceaſed, the colour of his lips was obſerved to become more florid, and now a ſlight degree of tremulous motion of the cheſt took place; which quickly amounted to a very laborious and imperfect reſpiration, accompanied with very ſlight convulſive contractions of the whole muſcular frame; but which, the reſpiration becoming ſtronger and ſomewhat more perfect, abated; and he ſoon afterwards appeared to be ſenſible of pain, which was expreſſed by groaning. In about an hour after the recommencement of reſpiration, this function became very much impeded by an abundant effuſion of mucus thrown out into the air-tube: he looked around him in great apparent diſtreſs of body and mind; the convulſions now greatly increaſed, affecting ſtill the whole frame, and betraying the epileptic character, in recuring by paroxyſms, each of which continued 10 or 15 minutes, till being exhauſted he fell into a ſtate of profound coma; and thus remaining from a quarter to half an hour, he arouſed and relapſed into another convulſive fit; each ſucceeding one abating of its violence, in proportion to his exhauſtion, for the ſpace of 18 hours. The impediment to his reſpiration, during the convulſive ſtruggles, which were at firſt equal to the coercive endeavours of four ſtout men, was extremely diſtreſſing to the ſpectator, reſembling a good deal the bellowing of a young calf. Fifteen hours after he had began to breathe, he was aſked if he recollected any perſon preſent: on which, looking around more collectedly than he had done before, appearing to be in great agony, he noticed, by a conſcious glance, his wife in particular, replying in the affirmative. He was aſked, how he felt himſelf? "Very bad."—If he wanted any thing?—"For God's ſake let me get to the window for air." He now relapſed into another fit, reſpiration became more free; the pulſe, which had hitherto been very irregular, now ſunk: having lain about two hours in a ſtate of inſenſibility, he expired quietly, within 21 hours after reſpiration had been reſtored.

If this caſe be worth thus recording in detail, it is chiefly ſo, becauſe it tends to ſhew in a ſtrong point of view, under what very diſadvantageous circumſtances the remaining irritability of the moving fibre may be arouſed, ſo as again to put into motion the great engine of life, even after its action had been ſuſpended nearly an hour, and this probably by means, which, from their compound qualities, proved ultimately deſtructive of the life they had ſo eſſentially conduced to reſtore. We were not permitted to examine the body after death, which might have developed the nature of the miſchief which was the remote

remote cauſe of death; but had it diſcovered congeſtion in the blood veſſels of the brain, or even a breach in them and conſequent effuſion, it might have been queſtioned whether ſuch were the effects of the ligature around the neck, or of the deleterious properties of the tobacco. The convulſions were not remarkably violent on their firſt appearance, but gradually increaſed, and remitted as the reſpiration became ſomewhat eaſy; raging again as it became more impeded, which happened in about an hour after he had begun to breathe. This, I apprehend, to be in ſome degree equivocal evidence, that the convulſions and dyſpnœa were joint effects of the tobacco, which eventually exhauſted ſo completely the living powers that they could rally no longer; or, why did not thoſe ſymptoms occur ſooner, preſſure on the brain uſually manifeſting itſelf as ſoon as it is applied? On a ſuppoſition that the violence originally committed to the brain was the remote cauſe of his death, it is curious that the brain under ſuch circumſtances ſhould admit of ſo perfect a reſtoration of its own functions at firſt; and more ſo, that, when thus complete, it ſhould yet not be able to ſupport them a longer period.

The uſe of tobacco is now, I believe, univerſally diſcontinued upon theſe occaſions, in this country; M. Portal had long ſince prohibited it in France. If any hazard attend its uſe in theſe caſes, it may be occaſionally noxious in others. I have ſeen it, when one drachm of it had been employed in infuſion for a glyſter, ſo immediately depreſs the ſtrength of an old man labouring under the milder ſymptoms of a ſtrangulated hernia, that he ſurvived but a very ſhort period after its uſe, when ſo ſudden a change had not been indicated the moment before it had been employed.

It has frequently happened, in attempting to recover perſons apparently dead, in fainting fits and in articulo mortis, that fluid poured into the mouth has eſcaped into the larynx; which muſt often happen if all the parts concerned in deglutition do not act in concert with each other, and more particularly if they do not act at all, as well when the head is held obliquely, for in that poſition the epiglottis does not entirely cover the aperture of the glottis. No fluid therefore ſhould be exhibited under ſuch circumſtances in ſuch a manner; it can be given ſafely only by means of a tube which reaches the upper orifice of the ſtomach. There is no queſtion about the ſuperior utility of taking off the compreſſion made upon the pulmonary artery when reſpiration has ceaſed in theſe caſes, and which alone has ſo often ſucceeded in reſtoring it when it had not long ceaſed: but this ſtep, aided by the electric ſhock, however properly conducted, would probably never

ſucceed when the blood has almoſt entirely parted with its heat, without an additional ſupply of that ſtimulus. When bellows, or other apparatus adapted to this purpoſe are not at hand, a ſufficient quantity of air may commonly be forced into the lungs by alternately depreſſing the ſternum and the cartilaginous extremities of the ribs, and ſuffering their elaſtic re-action to follow regularly. This mode I find to be completely adequate to the end propoſed in the younger ſubject, the flexibility of the ribs being ſo much greater than that in the adult: That the lungs are actually diſtended by this mode may be in ſome meaſure determined by the effect of the expired air on the flame of a candle. If any difficulty ariſe in thus inflating the lungs, and a convenient tube be at hand, it ſhould be put through the noſtrils into the larynx, in order to ſuperſede the neceſſity of making an artificial opening in that part of the air tube; but if this, which is not manageable without difficulty, do not ſucceed well, or cannot be tried, ſuch an opening ſhould be made. If any hæmorrhage enſue from the wound, whether veinous or arterial, the bleeding veſſel ſhould be immediately ſecured; for if blood get into the trachea, and the patient recover, it will at leaſt prove diſtreſſing. Such an occurrence had nearly deſtroyed a patient lately, on whom this operation had been employed by a very eminent ſurgeon and anatomiſt, on account of an enlargement of the tonſils, who ſaw no neceſſity to tie any veſſel while he remained with his patient, and reached him but juſt in time to ſave him by tying the veſſel.

From the impreſſion which the electric ſhock communicates to a body recently but irrecoverably dead, which I have witneſſed, I have the higheſt opinion, as every one muſt have, of its power in caſes of ſuſpended reſpiration; but I apprehend it is very poſſible to employ it to an extent in which it would be more likely to extinguiſh than to rouſe the living power to action. But few probably will be diſpoſed, in want of an electrical apparatus, to apply the Galvanic excitement to the nerves termed par vagum, the intercoſtal and the phrenic, in their courſe down the neck; the expoſure of which for that purpoſe requires the cautious and diſcriminating knife of the anatomiſt, in whoſe hands I doubt not of the eligibility of ſuch an expedient in a caſe of deſperation.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Have lately met with two cases of Angina Pectoris, a disease which has been so ably and accurately described by Dr. Parry; and as they have been successfully treated, I take the liberty of sending you a short account of their history and method of cure. The Angina Pectoris is at all times a most formidable disease, and I trust the following statement will be deemed worthy of insertion in your very valuable and useful Journal.

Earlsham, Suffolk,
September 5, 1801.

I am, &c.
W. GOODWIN.

Mr. ———, a respectable farmer, much inclined to corpulency, with a short neck, broad chest, and about fifty years of age, was first affected when walking hastily, with an oppression and violent pain in his chest, beginning at the lower point of the sternum, extending up to the chin, and down both arms to the wrists. On stopping, these symptoms abated, and after several minutes rest, or lying down on the ground, the distressing sensations gradually vanished. At first, he thought the complaint was accidental, and took little notice of it, being otherwise in good health; and when the fits occasionally recurred, he often tried to dissipate them by walking farther, but was always compelled to stop, to prevent immediate suffocation. In a few weeks the disease increased to such an alarming height that he could scarcely walk in the *open air* without the oppression and pain returning; but, what is curious, he could take sufficient exercise *in the house* without feeling any attack; neither did the fits return whilst in bed; however, violent agitation, anger, or considerable exertion, would bring them on at any time. At the commencement of this disease he was seldom attacked on horseback, but as the complaint gained ground, he could only ride the slowest pace without the spasms returning.

He had been some weeks under the care of Mr. Revett of Debenham, a very respectable practitioner, who had tried bleeding, blisters to the sternum, and the warm bath, and had also ordered him antispasmodics and opiates, the last of which always relieved, although they did not prevent the paroxysms, yet were found so necessary as to be constantly carried in his pockets. Independent of the complaints I have described, I found

found my patient healthy and *hearty*, with the means and inclination for high living and indulging his appetite.

On the idea that the diſeaſe was gouty, guaiacum, ſudorifics, volatiles, and opiates were preſcribed; a bliſter was applied to the ſternum, and kept open for ſome time; he wore a flannel ſhirt, and ſtrict attention was paid to his diet: but theſe not producing the deſired effects, he applied at different times to two eminent phyſicians, one of whom treated the diſeaſe as dyſpepſia, and the other as gout; unfortunately he experienced no relief from the preſcriptions of either. The caſe grew worſe, and he could with difficulty attend to any buſineſs requiring the leaſt exerciſe. In this ſtate I ſaw him a ſecond time, ſome months after my firſt viſit; finding how much had been done to no good purpoſe, and learning that his firſt attack happened ſoon after leaving a *very hot and crowded theatre, and exposing his cheſt suddenly to the cold air*, I propoſed applying pieces of callico to the ſternum, wetted with the following ſolution of antimon. tartarizatum, ſeveral times a day.

℞. Antim. tartar. ʒj. Sp. vin. camph. ℥ſs. Aqu. fervent. ℔j. M.

The ſtimulus from this application produced an uncommon and violent eruption on the ſkin in a ſhort time, having the peculiar malignant appearance of carbuncles, itching and ſmarting exceſſively, many of which ſuppurated, while hundreds were continually riſing up, ſome as large as peas, others as ſmall as pin's heads. As ſoon as the eruption appeared my patient experienced conſiderable relief from the ſpaſmodic affections, and he went on gradually recovering, after continuing the above application two or three times a day for a month.

The ſecond inſtance occurred in a clergyman ſixty years of age, tall, ſtout, and athletic; in other reſpects in good health. He was attacked with violent pain and oppreſſion in the cheſt beginning at the ſternum, and affecting both the lower arms, and no other parts. The fits were very ſevere, remaining a long time, and returning ſo frequently that his death was expected at every paroxyſm, and which the patient always thought he warded off by taking brandy. As this gentleman was a patient of Mr. Revett, he applied the following ſtrong embrocation to the ſternum, ℞. Ant. tart. ʒj. Linim. ſapon. ℥ſs. Aqu. fervent. ℥iij. M. in the manner above deſcribed, with the like conſequence as to the eruption, and with the ſame happy effect as in the former caſe, the patient completely recovering. In both theſe caſes the arterial ſyſtem was not materially affected, even during the fits of pain and oppreſſion, although the patients ſuffered little ſhort of ſuffocation. Nei-

ther of the gentlemen took any medicine, or ufed any other remedy whilft applying the tartarized antimony; and I cannot help flattering myfelf that it may produce fimilar benefit in other cafes of Angina Pectoris. It is of importance to mention that neither of thefe patients have had any return of the difeafe; the firft has been cured fix months, and the latter three months.

To the Editors of the Medical and Phyfical Journal.

Gentlemen,

It is to be lamented that the Reporters of medical cafes have fallen frequently into the error of afcribing to the operation of a fingle remedy what is due to the effect of feveral. Surely, we ought not to allow fterling merit to any particular remedy, till we have had fufficient experience of its efficacy in the removal of difeafe, unaided by any other eftablifhed mode of cure.

Into this error I conceive Mr. Simmons has fallen, in attributing the recovery of the patient with ftrangulated hernia, (whofe cafe was reported in the laft number but one of your excellent Journal,) to the exhibition of Digitalis. This cafe occurring in the Infirmary, I had an opportunity of attending to it, as one of the furgeons to that charity; and as my opinion militates againft the inference drawn by my colleague, refpecting the utility of the above medicine in the prefent inftance; and confidering that the very warm panegyric which is beftowed on this remedy may induce others to rely too much upon it in fimilar cafes, I take the liberty of offering the reafons for my diffent.

The patient was admitted under the care of Dr. Taylor, who directed feveral leeches to be applied to the fcrotum, a large dofe of calomel, and that he fhould go into the warm bath. By thefe means the volume of the tumour was confiderably diminifhed; however, as reduction was ftill impracticable, a confultation was held, and the plan of treatment, defcribed by Mr. Simmons agreed upon. A grain of Digitalis was given, and in a quarter of an hour after, and before it had produced any fenfible effect, a ftrong tobacco glyfter was thrown up. This brought on ficknefs and violent retchings inftantaneoufly, which continued till the patient was reduced to a ftate of afphyxia. Whilft in this condition the hernia was reduced with tolerable facility.

I fhould

I ſhould imagine that any perſon who has been in the habit of adminiſtering the Digitalis, muſt be convinced that *a single grain of it* has rarely, if ever, produced ſuch violent effects as took place in this inſtance. I cannot learn that ſuch an event ever happened in this infirmary, where it has long been preſcribed with great freedom. I will not deny that the addition of a ſedative power, like the Digitalis, might increaſe the conjoined debilitating effects of bleeding, the warm bath, and tobacco glyſters. But, I believe, few practitioners who have experienced the ſalutary influence of the latter remedies, will conſider the exhibition of the former as any other than a ſlender auxilliary to ſuch powerful means.

Mr. Simmons expects that this remedy will be a mean of cauſing the operation for incarcerated hernia to be leſs common on the continent, where, he obſerves, the ſurgeons perform it much oftener than in England. I moſt ſincerely wiſh his expectation may be realized; I am not a friend to haſty operations, yet it is generally admitted, that in conſequence of the continental ſurgeons having recourſe to the operation before too violent inflammation has come on, they ſucceed better in general than my own countrymen. My own experience and repeated obſervation, would lead me to infer that more patients are loſt in this complaint, by delaying the operation too long, than by its premature performance.

Should theſe obſervations be deemed worthy a page in your Journal, you will oblige by their inſertion,

Your's, &c.

R. W. KILLER.

Mancheſter,
September 7, 1801.

To the Editors of the Medical and Phyſical Journal.

Gentlemen,

IN conſequence of ſome occurrences in the Vaccine Inoculation, which have lately taken place in Oxford, I ſhall be much obliged to you to inſert a letter on that ſubject, which I lately received from Dr. Jenner. In proſecuting the effects of a new diſcovery, many circumſtances will naturally occur, which are totally unforeſeen, and which will frequently ſhake the favorable opinions of ſuch as are the greateſt promoters of it. For this reaſon, I particularly wiſhed in a ſmall publication I made laſt year on the ſubject of Vaccine Inoculation, that its practice might be confined to medical men only; and even the moſt

enlightened of these are sometimes deceived. Too great attention, I am well convinced, cannot be paid to the appearances of the pustule upon the arm, as it indicates whether the disorder has been communicated or not, or whether it be a spurious one. I mean by spurious, whether the patient has received the infection of the true Cow-pox; as a wrong sort may be communicated from the matter having been taken at too late a date from a pustule which originally contained the genuine virus, or from the teats of a cow infected with the spurious sort. The progress of the infection will shew an attentive practitioner, whether he may depend upon the success of the inoculation. Habit and great attention to the appearance of the characteristic pustule for some days after the insertion of the matter, will alone prove how far it has really succeeded. Some failures therein lately happened in Oxford, the patients having received the Variolous infection after having undergone the Vaccine Inoculation. The same occurrences have taken place in America, as appears by letters from Dr. Waterhouse; the particulars of which have come to my knowledge through the polite communications of Dr. Haygarth. During the last autumn, similar circumstances have arisen in Lincolnshire, as I perceive by the very circumstantial and candid letter from Mr. Fawssett, inserted in your Journal for the month of August last. It is impossible for me to conclude my thoughts on this occasion in more appropriate terms than he himself has made use of. He says, "The failure of the above cases, though from the circumstances here mentioned it was, in two of them at least, unexpected, still cannot be considered by any one who has paid due attention to the subject, as invalidating the security of the Cow-Pox Inoculation, where the progress of it has been unequivocal. It teaches us, indeed, that a slight deviation from the regular appearances may affect that security; and where a favorable repetition of Inoculation is not in our power, must of course induce us to with-hold our responsibility for its efficacy in such instances. It strongly enforces too the necessity of minute attention to the progress of the local affection, as the only criterion of a successful reception of it; fever, tenderness in the axilla, and other more certain symptoms of constitutional affection so frequently being wanting: nor, as appears from one of the above cases, does a slight appearance of the former afford any additional security, where the local affection is not satisfactory.

Yours, &c.

Tusmore, 11 Sept. 1801. W. FERMOR.

Dr.

Dr. Jenner, *in Reply to* Mr. Fermor.

Dear Sir,

Accept my beſt thanks for your obliging letter, encloſing one from Dr. Wall on the ſubject of Vaccine Inoculation, the practice of which, it ſeems, has received a check at Oxford by ſome recent events there.

I ſhould certainly flatter myſelf too much, were I to conceive that a perfect knowledge of it could keep pace with the rapid progreſs it is making through the world. Miſtakes have happened both at home and abroad, and unqueſtionably will happen. The Vaccine lancet is not to be trifled with; and experience has taught us, that the Variolous ſhould be uſed with equal circumſpection. Where is the village that hath not yielded its victim to the Small-pox after inoculation for that diſeaſe was ſuppoſed to have been properly performed? Can the metropolis, even among the higher and more experienced Gentlemen of the medical Profeſſion, claim an exemption from fatal errors? Certainly not. Are we then, my dear Sir, when we conſider that it is impoſſible perfectly to underſtand the nature of the Cow-pox from a ſhort or ſuperficial examination, to be ſurprized at what has happened at Oxford, and ſome other places in our iſland? Dr. Wall was kind enough to conduct me to Green's, and there I luckily recollected a circumſtance that afforded me much ſatisfaction. The child that took the Small-pox after the Vaccine Inoculation, was the identical one that I chanced to ſee ſoon after it had been inoculated in the ſpring of laſt year. I then poſitively pronounced it inſecure, from the appearance of the arm, which by no means preſented the characteriſtic teſt. This caſe then, on which I found much ſtreſs had been laid, inſtead of involving the ſubject in doubt and obſcurity, throws upon it a blaze of light, for the reſt of Green's children (no inconſiderable number) who had gone through the Cow-pox perfectly, were expoſed to the infectious vapours of the Small-pox during its whole progreſs upon the child that caught it. The other patients, Slater's children, I did not ſee; had I ſeen them, it is probable ſome material deviation from the ordinary ſtate of the puſtule on the arm might have been perceptible. But, for the ſake of argument, let us ſuppoſe that one caſe in a thouſand, although the appearances on the arm be correct, ſhall, nevertheleſs, turn out unfavorable to our doctrine, the chance that two ſhall prove ſo *in ſucceſſion*, inoculated by the ſame perſon and with the ſame virus, is almoſt beyond calculation.

Had

Had I not met with inceſſant interruptions, I ſhould before this time have publiſhed a fourth paper upon the ſubject of the Cow-pox, deſcribing minutely that mode which experience has pointed out to me as the beſt for conducting its inoculation. But however diffuſe I may be in that Paper, the moſt material part may be compreſſed in the following conciſe ſentences. *Let the Vaccine fluid be taken, for the purpoſe of inoculation, from a perfect puſtule on ſome early day of its formation; I prefer the 5th, 6th, 7th, 8th, and (if the efflorescence is not far advanced beyond the margin of the puſtule) the 9th.* Making this my general principle, I never find any eſſential deviation in the character of the Vaccine puſtule in conſtitutions fully ſuſceptible of the action of the virus.

I feel extremely obliged by the unremitting attention you give to this important ſubject, and remain, with much eſteem,

Dear Sir,

Your faithful humble ſervant,

Cheltenham, 7 Sept. 1801. EDW. JENNER.

To the Editors of the Medical and Phyſical Journal.

Gentlemen,

An Enquirer in your laſt month's Journal, under the ſignature of M. propoſes a queſtion, the ſolution of which may not only be ſatisfactory to himſelf, but is explanatory of the moſt important principle in the conduct of Vaccine Inoculation. *M.* enquires, "Whether the virus, taken after the full formation of the areola, never produces the genuine Cow-pox, or if it only ſometimes fails; and, in this caſe, by what characteriſtic the imitative diſeaſe is to be diſtinguiſhed from the genuine?"

Intimate acquaintance with the opinions of Dr. Jenner, and a conſiderable ſhare of experience in Vaccine Inoculation, induce me to attempt a reply to this query. There is not a fact in the hiſtory of Cow-pox better aſcertained, than that the virus, at a late period, undergoes a chemical change from the altered living action of the part which ſecretes it; and that in this new combination, its ſpecific properties are altered, and others are aſſumed. This altered ſecretion is capable of producing morbid and phagedenic ulceration, conſiderable eryſipelatous inflammation, and a train of effects wholly diſſimilar to thoſe of pure and recently formed virus. The preciſe and definitive

definitive time at which this change in the conſtituent qualities of the virus occurs, is probably different in different ſubjects; but in the formation of a general rule, it is neceſſary to impoſe a limitation which will be conſtantly correct. This point will be attained by never employing virus of a later exiſtence than the eighth or ninth day, a period previous to which no alteration in its qualities can occur, provided the progreſſion of the vaccine puſtule has been duly regular. But if virus of a later date happens to be employed, it certainly *may* produce the perfect and genuine diſeaſe, which will be recogniſed by the appearances which have been ſo fully and ſo accurately defined.

I am, &c.

Bath, Sept. 16, 1801. T. CREASER, Surgeon.

Extract of a Letter from Profeſſor WATERHOUSE, of Cambridge, near Boſton, Maſſachuſetts, to Dr. LETTSOM, of London, dated Auguſt 6, 1801.

On the Difficulty of preserving the Vaccine Virus on Thread or Glass in very hot Weather.

THERE is a fact of ſome importance, not, I ſuſpect, generally known to thoſe who practiſe the Vaccine Inoculation, even in England. It relates to the preſervation of the matter, or virus, on thread or glaſs, for the purpoſe of inoculation. It has been ſufficiently proved, that in moderate weather, when the mercury ranged between 40° and 70° of Fahrenheit's thermometer, the Vaccine virus has retained its activity three months, and even longer. But I have lately found, that perfectly active virus, taken on cotton thread, from caſes every way ſatisfactory, (proved ſo by their recent fluid communicating the diſeaſe in perfection) will loſe its virtue when expoſed ten or twelve hours to 95 or 96 degrees of Fahrenheit's ſcale. It appears, that in ſuch a temperature the virus or Vaccine *aura* evaporates. Ever ſince the beginning of laſt March, I have inoculated more or leſs almoſt every day, and have not experienced a ſingle diſappointment when I took the limpid fluid from patient to patient; and but few inſtances of failure when I had recourſe to the *thread*. But during our late very hot and very dry weather, the thread has failed in almoſt every inſtance; when I have ſent it to practitioners in the country, encloſed in a letter, it has not in one inſtance proved ſucceſsful.

By

By the Abstract from the Meteorological Register * kept in this University by the Professor of Experimental Philosophy, you will see that the mercury rose almost every day for a fortnight to about 90; sometimes 96, and once 97 degrees in the shade; and that the hygrometer pointed to 40, and even to 39°. † That this great degree of heat was accompanied with an

---

* Thermometer and Hygrometer, at Cambridge, from June 23, to July 16, 1801.

Day.	Hour.	Ther.	Hygr.	Day.	Hour.	Ther.	Hygr.	Day.	Hour.	Ther.	Hygr.
June 23	7	74°	65°	July 1	7	76°	65°	July 9	7	71°	53°
	2	79	57		2	95	49		2	82	46
	9	66	63		9	77	58		9	62½	52
24	7	78	60	2	7	79	61	10	7	65	55
	2	96	49		2	97	47		2	89	42
	9	74	59		9	81	52		9	68	45
25	7	72	59	3	7	82	57	11	7	71	50
	2	85	46		2	86	50		2	91	43
	9	69	52		9	73	61		9	72	47
26	7	70	56	4	7	75	58	12	7	74	54
	2	83	50		2	80	46		2	95	44
	9	73	55		9	61	55		9	74	51
27	7	72½	63	5	7	62	60	13	7	76	61
	2	92	52		2	78	49		2	92	49
	9	74½	60		9	63	52		9	68	69
28	7	74	59	6	7	70	52	14	7	73	68
	2	91	46		2	88½	39		2	81	57
	9	79	50		9	68	46		9	64	65
29	7	78	53	7	7	77	50	15	7	69	66
	2	97	42		2	93	40		2	84	48
	9	74	50		9	75½	45		9	73½	55
30	7	72	54	8	7	73	48				
	2	81	51		2	94	39				
	9	64	62		9	75	46				

July 3, the Thermometer shewed 95°, at 1 o'clock. From July the 4th to the 12th, both inclusive, there was no rain.

† The thermometer is Fahrenheit's, made by Champney. It is fixed on two bars without a chamber window, in the north side of the house. The hygrometer is De Luc's, made by Jones, and is *new*; it is suspended without the same window.

an extraordinary dryneſs in the atmoſphere was noticed by our hay-makers, there being ſcarcely any appearance of dew at ſun-riſe for nearly a week. Finding theſe failures in the uſe of the thread, I was led to inveſtigate the cauſe, and am now ſatisfied that it aroſe from the great heat and dryneſs which have reigned for two or three weeks paſt.

If a thread dipped in the oil of lavender loſes its fragrance by an expoſure for ſeveral hours to the degree of heat juſt deſcribed, can we wonder that the more ſubtle AURA *vaccina* ſhould in like manner evaporate, and the virus become effete? What tended to confirm me in this opinion was a letter from the celebrated JENNER. It is this: "I ſhall juſt ſay a word "in proof of the *extreme delicacy* of the nature of the Vaccine "fluid, to ſhow how eaſily it may be diſorganized. In the "early part of my practice, I uſed frequently to evaporate the "fluid by the fire upon *threads*, *glass*, or *lancets*, yet with much "caution reſpecting the degree of heat; but experience has "taught me, that even this procedure frequently occaſioned "an unnatural deviation from its perfect ſtate, and a failure in "communicating the diſeaſe."

I hope not to be miſunderſtood.—I can never deſire more ſatisfactory caſes of *Kine Pox* (as it is univerſally denominated in this region) than have occurred at this warm ſeaſon, but they have been produced by the recent fluid, transferred from patient to patient; whereas thread, ever ſo well imbued with the fluid of theſe ſatisfactory caſes, and kept for a week or ten days, has loſt its virtue; being, as I conceive, evaporated and exſiccated by a ſeries of hot and dry days. It is recorded, that when the *Harmattan* blows, (which is a very hot and a very dry wind in Africa, when the backs of books crack open, and cabinet furniture fly to pieces) the Small-pox could not be communicated by inoculation.* It is probable the failure aroſe from the cauſe juſt mentioned.

As the mercury, if I am not miſtaken, very rarely riſes above 84° in Britain, your phyſicians could not have been led to theſe obſervations. They are, however, of ſome importance, as it regards the tranſmiſſion of the Vaccine virus to the hot regions of India. It is probably owing to this cauſe that the Vaccine Inoculation has not proſpered in the Weſt Indies, while it has ſucceeded at Newfoundland.

The virus I received from Dr. Haygarth, from yourſelf repeatedly, from Mr. Creaſer of Bath, from Jenner himſelf, from Mr. Ring, from Dr. Woodville, from the Vaccine Inſtitution, from Dr. Pearſon, and from Mr. Kerre, have demonſtrated

* Philoſophical Tranſactions for 1781.

 that

that it will *live* nearly four months. Some I received from Mr. Dunning of Plymouth, after a long and circuitous rout of five months, failed in producing the genuine puſtule; it was not, however, totally effete.

Being obliged to keep the infected thread by me, to inoculate ſuch as come to my houſe for that purpoſe, I have been in the habit of placing the phial containing the infected thread in a veſſel of cold water, in the cooleſt room in the houſe, and on a marble table. When I ſend it abroad, I encloſe the thread in a quill, corked and ſealed up, and wrapped round with thin ſheet lead, (ſuch as comes from China in tea cheſts) which preſerves it cool, and at the ſame time excludes the circumambient air; a ſample of which I ſend by this opportunity to Mr. Ring, in return for ſome active virus he has juſt ſent to me. In this way, I preſume, the Vaccine virus may be ſent to the Eaſt Indies with undiminiſhed virtue.

I wrote to Dr. Jenner, not long ſince, that I had diſcovered the Vaccine diſeaſe among our own cows; but I have lately been convinced that an unlucky youth had inoculated the cow from a human ſubject. An elderly man, who had long ſerved the public in the double capacity of inn-keeper and phyſician, was noted for his unbelief in, and oppoſition to, this new inoculation. Near him reſided a medical pupil who profeſſed a different faith, and who wiſhed to introduce the inoculation in the village; but the influence of this old Chiron prevailed, who declared his total unbelief even of the exiſtence of ſuch a diſeaſe as the Cow or Kine Pox. It was well known, that his daughters, who were his milk-maids, as well as his wife, were liable to Small-pox. This young man, therefore, ſlily inoculated one of the *doctor's* milch-cows, which ſoon conveyed the diſtemper to one of the daughters, who being diſabled from milking, another took her place; and ſhe being ſoon infected, a third aſſiſted, and, finally, the mother,* who was labouring under very heavy ſymptoms of the diſeaſe, having a number of puſtules on her hands and arms, when a gentleman of the law, who had ſeen the diſorder in his own family, and knew it, accidentally ſaw her, and wrote me an account of it; but was totally ignorant of its artificial origin, for the young man kept his ſecret till very lately. Whether this mode of converting unbelievers will prevail with us, I am unable to ſay; but this inſtance had that effect on the old gentleman, as he has been heard

* I ſuſpect that the diſorder can be conveyed from the teats of the cow to the milkers, even if they have no crack or wounds in the ſkin of their hands, ſo few milkers appear to eſcape it.

heard to declare, that if he could poſſibly believe there ever exiſted ſuch a diſorder, he ſhould be almoſt ready to think that his cows, his daughters, and his wife, had the Kine Pox, or ſomething like it.

To Dr. HAIGHTON.

Dear Sir,

YOUR'S of the 3d inſtant informed me of your not being able to find my firſt letter, for which reaſon you have requeſted a recapitulation, with an addition of ſome obſervations in my laſt. The woman who affords the following ſubject, before ſhe became pregnant, laboured under a partial prolapſus uteri, the appearances of which gradually ſubſided when ſhe became pregnant; and during her latter months complained of nothing more than forcing pains towards the os-ſacrum; (I ought to obſerve that this woman was of a very weak conſtitution, and that this child was her tenth) her labour came on ſuddenly, was a breech preſentation, but the natural pains were quite ſufficient for its completion. After waiting the uſual time after delivery, and no pains following, I was induced to examine; upon which, to my ſurpriſe, I found a conſiderable protruſion of the uterus, which led me to ſend for my father, who adviſed me to attempt the extraction of the placenta by introducing my hand, with a view to extricate it; at the ſame time my hand aſſiſted the return of the uterus, by preſſing at the fundus, during the time that my left hand was aſſiſting the ſeperation of the placenta at the funis. From there being ſuch a conſiderable adheſion of the placenta, I did not ſucceed in obtaining all of it the firſt time; on proceeding to make the ſecond attempt (which we thought juſtifiable, not only for the obtaining what remained of the placenta, but with a further view that the return of the uterus might be effected by the hand being carried to the fundus) to my great aſtoniſhment I found a deſcent of the whole body of the uterus; after this the patient gradually ſunk: however, attempts were immediately made for its reduction, as far as were thought prudent, as the woman appeared almoſt exhauſted. She did not revive ſufficient to encourage me to make any further attempts till gangrene had made its appearance, which was in the ſpace of forty-eight hours.

Had this woman not ſunk ſo immediately after the ſecond deſcent, I am ſenſible I could not have ſucceeded in the reduction; not only from the protruſion being ſo conſiderable, but

from the firmneſs, or tenſion, being ſo great as not to yield to compreſſion. Mortification and putrid fever increaſed rapidly; fomentations, &c. were ordered, and the patient was ſupported with bark, and every requiſite cordial, and fomentations were continued till ſuppuration took place, which was complete, in the greateſt portion of the prolapſed part, in ſeven or eight days; what remained, diſcharged a great deal, and gradually waſted, as her health improved, and what remained at laſt ſpontaneouſly retracted.

It is five or ſix months ſince this woman was under my care; and I have now the ſatisfaction of adding that ſhe enjoys much better health than before ſhe became pregnant.

I hope, dear Sir, if you ſee any impropriety in the above ſtatement, that you will make what alterations you conceive neceſſary. I remain, your's, &c.

Wrentham, Aug. 14, 1801. J. PRIMROSE.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE analyſes which appeared in the Sixth Volume of the London Medical Review,* of the medicinal waters in this pariſh, were not offered as perfectly correct, but were merely intended to be more ſo than any hitherto publiſhed.

Indeed it would have been preſumption, even in the preſent advanced ſtate of chemical ſcience, to contend that the exact proportions of ſubſtances which enter into the compoſition of a claſs of bodies, like that of mineral waters, could be aſcertained with abſolute preciſion and minuteneſs.

I am led into theſe obſervations in conſequence of ſome animadverſions on the analyſis of the *Kilburn water*, which appeared in your Journal of laſt month; and which would have been unnoticed by me, had they not contained a poſition tending to miſlead thoſe of your readers who are not thoroughly acquainted with the reſpective affinities of bodies in their various combinations.

The ſtyle and manner of this criticiſm I ſhall paſs over; it is the matter only which deſerves my attention.

The

* I have, ſince that period, ſubmitted my papers to the inſpection of an accurate chemiſt, with the intention of republiſhing them in a ſeparate tract, which I ſhall take an early opportunity of doing.

The gentleman who has taken the trouble to criticise my analysis, has no doubt, from the nature of his late employment, obtained *some* chemical information. Is it not to be regretted, that he had not acquired a more extensive knowledge of the science, and a more perfect acquaintance with this branch of it, before he ascended the critical chair?

Two circumstances only appear to have called for his animadversions, viz. the use of a wrong term (or, as he chuses to have it, a "barbarism") for one of the re-agents employed; and a discovery of my having found salts in this water, which he says "*cannot possibly exist together.*"

The supposed incorrectness of the term alluded to, I shall not apologize for, having the authorities of Messrs. Kirwan, Babington, and Aikin.

But, "has not that gentleman been rather unfortunate in his" other assertion? A slight acquaintance with the analyses of mineral waters would have convinced him, that these salts *do* co-exist in various proportions in several of them:

For instance, 1st, He will find in the Philosophical Transactions, Vol. LXXXII. Part I. that Schmeisser obtained the same variety of salts with myself from the *Kilburn Water.*

2dly. Dr. Garnet, on analysing the sulphureous waters of Harrogate, found both muriat of lime and sulphat of magnesia, in the proportions of 13 grains of the former, and 10,5 of the latter in a gallon.*

3dly. Mr. Kirwan, in his excellent Essay on the analysis of mineral waters, has the following observations.†

"I once thought the labour of analysing mineral waters might be much abridged, by observing, when certain species of salts were discovered in it, what other species would be decomposed by that or those already discovered, and consequently could not (I thought) be supposed to co-exist with them, and of course needed not be sought for. But I soon found, both by my own experiments and by the observations of the most accurate analysts, that when both species of antagonist salts, if I may so call them, are very far from the point of saturation in a given solution, they may co-exist in it. The requisite distance from the point of saturation is various in various species of salts; the observations I have made on it I shall mention, after producing some examples of the co-existence of these seemingly incompatible ingredients."

He

* Vid. his Treatise upon this Water, published in 1794.

† Vid, the Chapter on "Incompatible Salts," p. 136.

He then proceeds to give examples, which are followed by obſervations in his uſual perſpicuous manner.

Three of the examples I ſhall quote, becauſe they prove the co-exiſtence of thoſe ſalts, which this gentleman confidently aſſerts, "cannot *poſſibly* exiſt together."

4thly, "ACCUM found 1,04 of a grain of muriated lime and 13,8 of cryſtallized Glauber (ſulphat of ſoda) in a pound of water. 5 Crell Beytr. p. 465.

5thly, "CORNETTE found 6 grains of muriated lime and 6 of Glauber, to retain their tranſparency in one pound of water, Mem. Paris, 1778, p. 345. This indeed is not concluſive, for ſtill there might have been a decompoſition; but in the water of Salins, he proves that Glauber and muriated lime co-exiſt until heated. Ibid. p. 342.

6thly, BERGMAN found half a grain of muriated lime, and half a grain of Glauber, in a *kan* of the waters of Odin, in Upſal, and alſo 1,5 grains of aerated ſoda, (carbonat of ſoda.) 1 Berg. p. 157."

I truſt the foregoing teſtimonies are ſufficient to prove the *poſſibility* of the co-exiſtence of theſe ſalts; it is therefore unneceſſary for me to "reconcile my analyſis with the facts and quotations" of your Correſpondent, in order to demonſtrate that it is not "erroneous."

I am, &c.

Hampstead, Sept. 12, 1801. JOHN BLISS.

On the publiſhing of an Annual List of all the regular Medical Practitioners in the Kingdom.

To the EDITORS of the MEDICAL and PHYSICAL JOURNAL.

Gentlemen,

ON the importance of the Medical Profeſſion it is not neceſſary to dwell; all are intereſted in it, for all have health to preſerve or to regain. The eſteem in which the guardians of health have been held in all ages, is a practical proof of the utility and importance of medicine. The majority of the profeſſion muſt have excelled other claſſes of the community, in reſpect both of information and uſefulneſs, before they could have attained their preſent degree of diſtinction. Reſpectability will not, with general conſent, be long miſplaced.

There

There will, however, always be found men base enough to make pretensions though destitute of merit, and to claim respect and confidence by assuming the badge of the profession. The interest of the public unites with that of the medical profession in requiring as much purity and merit as possible, from a body of men entrusted with what is most valuable to mankind.

To the Faculty we must leave the right of ascertaining the capability of persons for practising medicine, as they are the fittest to decide. But it is surely not improper that the public be informed of those who are accounted qualified by such authority, and that the life of any member of the community be not committed to every EMPIRIC who has the impudence to practise, or to every *impostor* who has the audacity to place his name on a sign-board, with *Surgeon* or *Physician* falsely attached to it as an *appendage*.

In Scotland not above two-thirds of those who call themselves physicians and surgeons, have ever obtained *degrees* or *diplomas*. It is not uncommon for men, destitute of a liberal education, to attend a drug-shop for a few months, the medical classes for a session, and forthwith find themselves *qualified* to commence physicians or surgeons! There are even numbers practising as physicians and surgeons who never attended a medical class!

The self-conceit that appears in the half-instructed of every profession has long been observed, and we need not be surprised at the extravagance of human pretensions. The science of medicine is so clearly detailed in books, and the treatment of diseases so distinct, that to one ignorant of practice, but acquainted with Treatises on Medicine, every complaint is of easy cure. This may be partly illustrated by an anecdote: A shrewd observer of human nature, said to a young man entering upon the study of medicine, "You are going to the University, and after the first year you will think you can cure every disease; after the second, you will find many complaints to which you can do nothing; after the third, you will suppose that you can cure almost none." It requires much study to know our own ignorance; the danger of men who have only a smattering of medical knowledge may be easily conceived, and is frequently felt.

I was led to these reflections by the following circumstance. A friend of mine, in a tour through the west of England, unfortunately fell from his carriage and broke one of his thigh bones. A surgeon, or at least a person who had assumed the name, was instantly called to set the bone. This fellow, completely ignorant of the proper method of treating a fracture, left the knee-joint perfectly extended, instead of placing the limb

limb in a relaxed position. The consequence was, that the muscles being put to the stretch, one end of the bone passed the other near two inches. The patient indeed recovered, after being confined to a couch more than six months; but to his surprize, found that one limb was shorter than the other by two inches. What an irretrievable misfortune, owing to an ignorant pretender interfering!

This fellow I afterwards understood, had attended a drug-shop for a few months, then commenced for himself in that line; but finding he did not succeed, he immediately removed to a part of the country where he was not known, and commenced surgeon at once; and, unfortunately, my friend happened to be among the first of his patients, or, I may rather say, victims. In this instance only a limb suffered; but in how many cases has such ignorance cost men their lives?

A man of this description can have no excuse; he must be conscious of his own ignorance, and therefore, in many instances, he must be running the risk of injuring the health of his patients, or perhaps of depriving them of their lives. Men, who have no other feelings than these, who have no other sense of right and wrong, ought to be deprived of their power of injuring. Better for the world that a thousand of such wretches perish, than that one unfortunate victim should lose his life by their ignorance and presumption.

May not the public exercise a kind of censorship in this case, since the profession have not taken any vigorous measures to prevent it? And may not their exertions rouse from slumber those whose authority has been long dormant? We are informed of the members and managers of different corporate bodies in Scotland through the medium of Almanacks; this answers different important purposes: The same method might be employed in the case of physicians and surgeons; information might be easily communicated in this manner, the public warned against impostors, and the ignorant checked in their insolence. The public cannot be thought adequate judges of medical skill, but they certainly deserve to be told who are the persons properly qualified to exercise that profession.

This desirable end, in my opinion, might be very easily accomplished. Let the Editor of some respectable Almanack publish a few advertisements in the different news-papers, signifying his intention to publish, in his Almanack, a complete list of all the physicians and surgeons in Scotland, who have obtained regular degrees and diplomas; I am convinced that every one possessed of these qualifications would send him a certificate of the same, free of all expence. The only difficulty that would occur is in making out the first list; after that is accomplished

accompliſhed it would become a regular buſineſs. Every ſtudent, as ſoon as he had obtained his degree or diploma, and had determined in what town he meant to ſettle, would find it his intereſt to have his name immediately inſerted in the Almanack, to prevent his being ranked among quacks and impoſtors. And, in order to make this liſt as public as poſſible, I would adviſe, that for a year or two at firſt, it be publiſhed not only in the almanacks, but alſo in the different news-papers and magazines in the kingdom. By theſe means every man might be informed of the regular practitioners in his part of the country; and if he afterwards employed an impoſtor, he had himſelf to blame.

The liſt ought to contain, firſt, the name of the county; ſecond, the name of the town; third, the name of the practitioner; and, fourth, the place and date of the degree or diploma. By adding the place and date of the degree or diploma, an effectual check would be given to perſons who might wiſh to foiſt their names into the liſt without being properly qualified; for it would be the intereſt of the different Faculties to take care that none entered this liſt who had not received their ſanction.

This notification is not only proper to the inhabitants of diſtricts where medical men reſide, but alſo uſeful to ſtrangers who may occaſionally require their aſſiſtance when travelling through the country. The influence of this meaſure on medical men would not be ſmall; the preparations neceſſary, before a ſtudent can offer himſelf to the examination of a faculty, requires reſearch: In the courſe of inquiry, knowledge is acquired; many ſubjects come under review, and preſent themſelves to attention, which, otherwiſe, would not have been conſidered, till, in the hurry of practice, a puzzling caſe had forced them upon the notice of the practitioner; and it is, ſurely, better to acquire previous information, than to obtain knowledge at the expence of the health or life of patients.

Man is apt to be indolent, but the proſpect of a public examination, preparatory to receiving a degree or diploma, is no ſmall ſtimulus to diligence. Inſtead of general and incorrect notions upon the ſymptoms, the cauſes and cure of diſeaſes, the phyſician muſt deſcend into an accurate inveſtigation of the nature of the complaint, and acquire a knowledge of remedies, and of treatment adapted to particular diſorders; while the ſurgeon muſt obtain minute acquaintance with the ſtructure of the human frame, with its form in a ſound ſtate, its appearance when injury has been received, and the moſt approved methods of performing the different operations of ſurgery. Their information muſt be accurate, for they are to be examined by

men of experience, and approved or rejected in proportion as they have acquired useful knowledge, or misimproved their opportunities.

It is certain, that one-fourth part of the students who apply for degrees and diplomas at the Faculties of Edinburgh and Glasgow, are rejected as unqualified. This proves, that students are apt to rate their acquisition of knowledge too high, and think themselves qualified, when, in fact, they are mere novices. Time is requisite for acquiring knowledge; and he who bestows attendance, is in the way of picking up useful information. We are, at least, assured, when a degree or diploma has been procured, that the usual attendance has been given, and that the usual examination has taken place. We can partly be acquainted with the nature of such examination, and value of the degree or diploma, if we know whence they were received.

There has been a general and just outcry against *quack medicines*; their baneful effects have been deeply felt by every part of the community. This measure, were it once brought to maturity, would have a tendency to lessen the number and estimation of *quack practitioners*, whose individual injury, though not so extensive as the former, do often more prejudice in those parts of the country in which they reside.

It is a piece of justice we owe to those who are legally qualified, it is a duty which we owe to the public, it is the interest of medical societies and faculties to promote its influence, and it recommends itself to those who publish these vehicles of intelligence. The publisher, who shall first give a correct list of all the medical gentlemen in Scotland, deserves their approbation and encouragement, as well as the approbation and encouragement of all the friends of suffering humanity. It might be useful too, in ascertaining an important question, "If the medical profession be attended with greater mortality than others?" It would certainly contribute to preserve the purity and advance the respectability of an honourable profession; it would aid the views of philanthropy, and promote the interest of science.

I am, &c.

Scotland, Sept. 10, 1801. PHILO-MEDICUS.

On

On the Odours which are exhaled by living Animals. *By* J. J. Virey.

SINCE the moſt remote ages it has been obſerved that every ſpecies of animal, as well as all the bodies in nature, exhale an odour which is peculiar to them; *καὶ ζεύων καὶ φυτῶν καὶ των ἀψύχων ὅσα ὀσμώδη.* (1.)

If our organs ſcarcely perceive this general property of all beings, it is becauſe they have loſt in infancy great part of their delicacy from the uſe of ſtrong odours, and even too ſavory food. (2.) There have been many inſtances of perſons, however, who have preſerved all the activity and natural extent of their ſenſe of ſmelling in the midſt of ſociety; as the monk of Prague, (3.) who by this means diſtinguiſhed every body, and perceived even, it is ſaid, if a woman was chaſte or not; and we have to regret that death prevented him from finiſhing a Treatiſe on Odours. The celebrated Cardanus alſo poſſeſſed this ſenſe in a very ſtrong degree; (4.) but it is much more frequently to be met with among men educated in a ſtate of nature, as the ſavage of whom Tulpius (5.) ſpeaks; the native Americans, (6.) and the negroes of the Antilles, (7.) who can aſcertain by ſmell if their enemies are near or at a diſtance, and whether they are white men or black. (8). Anatomy has accounted for this aſtoniſhing acuteneſs of ſmelling; for Soemmering (9.) and Blumenbach (10.) have found that the noſtrils are much dilated, and of a great ſize, amongſt theſe nations. Certain inflammatory and ſpaſmodic affections increaſe very much the ſenſibility of this organ, as hydrophobia, (11.) &c. This is in a like manner the caſe with the other ſenſes, which are rendered much more ſuſceptible of the ſlighteſt impreſſion by any ſtate of irritation, on which account Nature ſeems to employ this organization in all her operations that require an increaſe of ſenſibility and irritability. The

---

(1.) Theophrastus de Odoribus lib. Daniele Heinſio editore.

(2.) Verduc Uſage des Parties, tom. ii. p. 151. *Taſte influences the power of ſmelling, and vice verſa.*

(3.) Journal des Savans, 1684, in 4to. Paris.

(4.) De Varietate, p. 16. *He was always ſmelling ſomething.*

(5.) Lib. iv. Obſerv. c. 10.

(6.) Dierville, Hiſt. Acad. 1708, p. 120.

(7.) Le Cat Phyſiolog. Treatiſe on the Senſes, p. 256.

(8.) Journal des Savans, 1667, p. 60.

(9.) Anatomical Treatiſe on the Body of Negroes, (in German) p. 22.

(10.) Decas Prima Craniorum Diverſar. gent. tab. ix.

(11.) Borellus, Cent. iii. Obſerv. Med. 68.

power of habit upon the ſenſe of ſmelling, diſplays itſelf in dogs trained to the chace in ſo ſtriking a manner, that they diſtinguiſh the genus and ſpecies of animals which they purſue.

The two ſenſes of ſmell and taſte, ſo nearly allied, are the moſt ſubject of all others to irregularities and idioſyncraſies, which depend, for the moſt part, on the conformation of thoſe parts. MARTIN SCHURIGIUS has collected many examples of this in his *Chylologia*. It is certain that the ſenſe of ſmelling, ſo juſtly denominated by J. J. ROUSSEAU the ſenſe of imagination, is one of thoſe which has the greateſt influence upon the morals and upon the diſpoſition of mind. (1.) I have, in another work, treated of its great effect on the paſſion of love; (2.) and it is eaſy to perceive how much it excites and governs it.

As it is not my object to examine this organ of perception, I ſhall content myſelf with taking a curſory view of the power of the ſmelling faculty in the different claſſes of animals. It is obſerved, in the firſt place, that among thoſe animals which are provided with the olfactory membrane, ſuch as the *Mammalia*, *birds*, *reptiles*, *and fiſhes*, this ſenſe ſeems to be always proportioned to the extent of that membrane. It appears that this property undergoes great modifications in the animals without *vertebræ*, which conſtitute the ſecond diviſion of the animal kingdom; amongſt which the olfactory membrane does not exiſt, though they are not entirely deſtitute of the power of ſmelling. I have elſewhere remarked, (3.) that, according to my opinion, no animal ought to be wholly deprived of this faculty, ſince it would be impoſſible for it to ſeek its nouriſhment, and to diſcover the prey neceſſary to its exiſtence; a faculty which is the property of the whole animal kingdom, and without which it would be expoſed to deſtruction, and the danger of poiſon. It has always appeared to me, that among the lower claſſes of animals this ſenſe is united to that of taſte, as in the greater part of the *Mollusca*, ſuch as ſnails, muſcles, or even to the ſenſes of ſight and touch, as in the *Actinæ*, *Meduſæ*, the *Polypes* of ſweet water, *(Hydræ, L.)*

Inſects have a very acute ſenſe of ſmell, which operates at great diſtances. It is thus that the *Musca vomitoria*, the *Nicrophores*, *Dermestes*, *Sylphæ*, *Staphylinus*, *&c.* follow the ſmell of putrid

(1.) BENJAMIN RUSH, Medical Enquiries and Obſervations, Vol. ii. p. 34, ſeq.

(2.) VIREY ſur les Philtres, in Magazin Encyclopedique Theomed. Ann. vii.

(3.) VIREY Memoire ſur les Vers. Journal de Phyſique, Frimaire, and vii.

putrid animal matters, upon which they feed, and even upon flowers which exhale a ſimilar odour, ſuch as the *Stapelia variegata* and *hirsuta*, the piſtil of the *Dracontium polyphyllum*, *L.* &c.

In general, the ſenſe of ſmelling is inſeparable from that of taſte, of which it ſeems to be merely a modification; nature, therefore, combines them as much as poſſible, becauſe ſhe commonly collects and unites thoſe organs which operate towards the ſame end.

Although cetaceous animals ſeem to be deſtitute of this ſenſe, the *Mammalia pachydeoma* have it in high perfection; vultures too, which feed upon putrid fleſh, ſeem to poſſeſs it in a high degree, as do the owls, the *Buceros*, *L.*; the latter of which have even a double noſe, or a horny naſal tube upon the beak, that increaſes the power of this organ. SCARPA (1) obſerves, that this ſenſe is very conſiderable in the aquatic birds, (*Grallæ*, *L.*) which have long beaks, as the wood-cock, &c. MONRO (2) too aſſures us, that this ſenſe in fiſh is alſo very powerful, conſidering the fluid in which they are immerſed, ſince they can ſmell at a great diſtance the bait which the fiſherman holds out to them. (3.) Though it has been pretended, that the crocodiles power of ſmelling was very delicate, it nevertheleſs appears to be inconſiderable in this animal, as in all other reptiles.

Animal as well as vegetable odours, are naturally arranged under different genera, which, however, it would be difficult to claſs with much preciſion, ſince no objects are leſs capable of diſtinction; we ſhall, nevertheleſs, refer them to five different heads. 1. The muſky or analogous odours. 2. The odores viroſi, like that of caſtoreum. 3. The nauſeous odours, like that of putrid meat. 4. The rancid odours; and 5. The putrid alkaline odours. We ſhall not, however, treat of thoſe which have their origin in the decompoſition of animals, or thoſe parts of them which diſeaſe or death has affected, both becauſe they nearly reſemble each other, and are well known, and becauſe we only intend to examine living bodies.

The general character of animal exhalations is to be fetid, and often ammoniacal. Few acid ſmells are to be met with, except in the claſs of inſects, and particularly of the *hymenoptera*, caterpillars, &c. In obſerving theſe odorous ſubſtances more

---

(1.) Anatom. Obſervat. lib. 2. De Olfactu Diſquiſit. Anat. Paviæ, 1789, fol. c. fig.

(2.) Structure and Phyſiology of Fiſhes. Edinburgh, 1785, fol. c. fig.

(3.) What Dr. Monro attributes to the faculty of ſmelling, may be equally referred to the organ of ſight, after Cit. *Rouſſille Chamſeron*.

more attentively, and even tasting them, it will be perceived, that they are really musky, as one may be easily convinced by that of the ants. (1.) The *carabus crepitans*, and *sclopeta* of FABRICIUS, emit with noise a similar acid vapour, which must be referred to the *bombic* and *formic acids*. The acid liquor of insects is very corrosive, and they frequently employ it for the destruction of those bodies which Nature has destined to decomposition. One of the perfumes, the most common among the different classes of animals, is the musk odour: Instances of it have even been known in the human species. PLUTARCH affirms, that ALEXANDER exhaled that smell. WEDELIUS, and the learned THOMAS BARTHOLIN, (2.) have observed the same in several persons: The great HALLER (3.) says, that his sweat, and that of many other men, exhibited this phenomenon, and particularly in the morning. Among the apes, the *Simia jacchus*, *L.* and others of that family, produce this perfume; (4.) but it abounds much more among others of the mammalia, as in the opossum, *(Didelphis, L.)* (5.) the *Sorex moschatus*, *L.* (6.) which inhabits the banks of the Wolga, and of the Tanais; of the *Sorex araneus*, *L. &c.* It is on this account that cats only kill, without eating, this animal. (7.)

The irritated hedge-hog, (8.) the *Mus zibethicus* of Gmelin, (8.) the *Mus pilorides*, *L.* (9.) the water rat in the rutting season, (10.) the muscardin, so called from its odour, (11.) and even some hares, according to Conrad, Gesner, and Aldrovandi, exhale this odour chiefly in the rutting season, (12.) or when they are much irritated, a phenomenon that is likewise to be observed in several other animals. The civet is a perfume much resembling

---

(1.) FOURCROY Philosophe Chimiq. ed. ii. p. 88.

(2.) De Hepate Caustorum, sect. iii. et Desp. Caus. cent. iv. Epist. Med. 87.

(3.) Elementa Physiologia, tom. v. lib. xiv. sect. 2, § 5. p. 163.

(4.) CLUSIUS Exotic. lib. auct. d. Brasilian. Erasm. Franc. p. 386. Hortus Indic. Scaliger de Subtilitate, exerc. 211. § 2.

(5.) TYSON Anat. p. 16. Philosoph. Transact. no. 239, p. 105. COWPER ibid. no. 290.

(6.) BUFFON, tom. x. S. G. GMELIN iter liber. p. 28. GULDENSTÆDT's Memoirs of the Berlin Society of Friends of Natural History, (in German,) vol. iii. p. 107, t. 2.

(7.) RAY Quadrup. Synops. p. 239. PENNANT's Synopsis of Quadrupeds, p. 307.

(8.) The Calmouks use this animal against the mice instead of a cat.

(9.) Vol. i. p. 125. SCHREBER Saeugthiere (Mammalia,) tom. iv. p. 638. Sarragin Memoire Acad. Scienc. 1725, p. 323.

(10.) Buffon ibid. p. 2. Rochefort île Antilles, p. 140.

(11.) RECCHI Anim. Mexican. p. 587.

(12.) PALLAS Glir. Dipos. Method, no. xx. p. 80.

resembling musk, it is produced in a bag under the tail, between the anus and pudenda of the civet cat; *Viverra zibetha*, *L.* (1.) and *Viverra civetta*, *L.* (2.) The genet cat of our southern provinces, *Viverra genetta*, (3.) and that of Malacca, *Viverra malaccensis*, yield also a small quantity of it, the latter of which is much esteemed by the Malays, who use it as a stomachicum and aphrodisiacum. (4.)

GREGORY de BOLIVAR relates, that the sweat of elephants is musky, and that the Indians collect it for the purpose of using it as a perfume. He says the same of the blood of the ox, which, however, is not confirmed by experience. There are, nevertheless, some species of the bull which smell of musk, as the *Bison*, particularly in the rutting season; (5.) and the flesh of the musk ox, *Bos moschatus*, *L.* (6.) The Neapolitan perfumers make use of the dried vulva of the female buffalo in their perfumes. (7.) It has been thought that the same smell was perceptible when the oily flesh of cetaceous animals was roasted. It appears likewise, that the lachrymal glands of the stag and many antelopes exhale a similar odour. (8.)

The animal which furnishes most of this kind of fat perfumed liquor is the musk ox, *Bos msochatus*, *L.* which has been described by a great many authors, the most of whom are noted below. (9.) Travellers have pretended that they procured musk not only from the inguinal bag of that animal, but also

---

(1.) BUFFON, vol. ix. p. 299, t. 31. Mem. Acad. Sc. 1731, p. 443. *Felis Zibetbi* Gesner. Quadrup. p 837. Cuvier Tableau des Animaux, p. 123. One obtains more of this substance by irritating it.

(2.) ERXLEBAN Mammifer. BRISSON Regn. Animal. p. 186. HYÆNA et BELON Observat. 208. OLEAVIUS's Voyage, p. 7. Petr. Castellus de Hyæna Odorata, Fr. 1698, in 8vo.

(3.) BELON Observ. p. 73. RIDINGER Illuminate Thiere, i. e. coloured engravings of animals, fig. 28.

(4.) Sencrate Voyage, London, tom. ii. p. 144, t. 91.

(5.) PALLAS Nov. Act. Petropolit. 1777, part iii.

(6.) PENNANT Quadr. p. 27, no. 9. CHARLEVOIX Hist. de la Nouv. France, tom. iii. p. 131. D'OBB's History of Hudf. p. 18.

(7.) Th. Barthol. centur. i. Epist. Med. xlix.

(8.) J. G. GMELIN, it. Sibiric, tom. i. p. 212. PALLAS Spicileg. Zoologiæ i. p. 12. et Miscellan. Zoologica.

(9.) TAVERNIER Voyag. tom. iv. p. 76. THEVENOT. BARBOSA. PAOLO unc. rel. des Indes, p. 216. KIRCHER China Illustr. (translated by Alquic, Amster. 1610, folio.) SCHROEK Historia Moschi Vindobon, 1682, 4to. CHARDIN Voyag. tom iii. p. 17. CORN. DE BRUYN Voyag. p. 121, tom. ibid. BUFFON, tom. xii. p. 361. NEHEM. GREW Mus. Societ. Londin. 1681, p. 22. sq. PALLAS Spicilegium, Zoolog. Fasc. xiii. tom. iv. GMELIN Nov. Comment. Petropol. tom. iv. p. 393. DAUBENTON Memoires Acad. Science, 1772, p. 215, c. fig.

alſo from the blood, which is made to extravaſate in great ecthymoſes, by means of blows that are given to it. To the tumors thus cauſed, a ligature is applied, by which the blood is dried. TAVERNIER thinks that the whole animal, or, perhaps only its hinder parts, when dried and pulveriſed, are ſold for muſk, which however is improbable. I have found that this perfume triturated with liver of ſulphur became very powerful, in ſuch a degree, that it would not have been ſurpriſing to ſee women, particularly hyſterical and nervous ones, fall into a ſwoon by the ſmell of it, ſince even its ordinary ſmell (1.) as well as that of civet, (2.) is ſometimes ſufficient for that purpoſe. The ſmell of muſk has been known to cauſe a hæmorrhage in a man. (3.) The perfume of the muſk ox is ſtronger the warmer the country which it inhabits; hence the beſt muſk is brought from Tonquin, and the worſt from Syberia, or other cold countries, the perfume of which is ſo diminiſhed, as to approach that of caſtoreum. (4.) Muſk has been counterfeited by a mixture of the bitume of Judea, gummi ſagapenum, galbanum, and opopanax; (5.) a ſimilar odour is likewiſe to be met with in ſome malvaceous plants. It has been aſſerted, that when muſk has loſt its ſmell by long expoſure to the air, it may be reſtored by again expoſing it to the vapour of privies; (6.) and it appears, that human excrements, digeſted and fermented in the balneum mariæ, obtain a muſky ſmell. (7.) FREDERIC HOFFMANN thinks, that this property muſt be aſcribed to the bile which is mixed with it. Dung laid as manure upon the fields has frequently the ſame ſmell. (8.) Stables as well as ſheep cots, and the ſweat of ſheep exhale likewiſe a ſimilar odour. RUELLE formerly remarked, that the excrements of rats were muſky, and uſed to adulterate that ſubſtance. PLINY attributes a muſky quality to the excrements of the crocodile, (9.) which, however, OLAUS BORRICHIUS

(1.) LINNE Mater. Medic. Anim. tom. iii. Amoenitat. Academicæ, p. 200, edit. Schreber.

(2.) BOERHAAVE Prælection. Inſt. § 112.

(3.) TRALLES de Limitandis laudib. et Abus. Moſchi, § 3 & 4.

(4.) L. C.

(5.) Hiſt. Acad. Science, 1706, p. 6.

(6.) PAUL AMMANN Manuduct. ad Mater. Medic. § 3, c. 4, p. 191. DANIEL BECKKER Medic. Microcoſm. l. i. c. x. p. 63. ROBERT BOYLE de Utilitat. Experiment. Philoſoph. exercit. x. ſect. ii. § 7, p. 579.

(7.) I. S. ELSHOLZ Deſtillator. Curios. p. 113. AND. LIBAVIUS Grift. Chemic. 84, lib. ii. p. 50. FRED. HOFFMANN Clavis Schroederi, lib. ii. c. lxxv. p. 106.

(8.) BOYLE Orig. Form. p. 144.

(9.) Hiſtor. Natur. lib. xxviii. c. 8.

BORRICHIUS found not to be always the caſe. (1.) Several ſerpents, and particularly the *Natrix Aesculapii* of Laurenti are ſaid to ſpread a ſimilar odour. (2.) The fleſh and eggs of the crocodile, (3.) as well as its axillary glands, (4.) and ſeveral ſpecies of Oriental and American vipers, (5.) as the rattle ſnake, *Crotalus horridus*, *L.* (6.) exhale a very ſtrong odour of muſk, which, according to TYSON and REDI, ſeems to ariſe from their organs of generation; and it ſpreads at a great diſtance, ſo as to be eaſily perceived by the acute ſenſe of ſmelling of the negroes. Few birds ſeem to poſſeſs an odour ſimilar to muſk, as the *Anas moschata*, *L.* (7.) and the pectoral skin of the pelican from the Philippines, (8.) which the inhabitants uſe as amulets againſt the aſthma. An analogous odour is ſometimes found in the brown owl, which, however, is too ſtrong to be agreeable. (9.)

With regard to the *Mollusca*, it appears that the black juice or ink of the *Sepia* is endued with that odour, as may be perceived in the Indian ink, of which it is the baſis. It is likewiſe not improbable, that the ambregris found in the ſtomachs of the cachelots, *Physeter macrocephalus*, *L.* (10.) originates from the Sepia, the beaks of which are ſaid to be found in that ſubſtance. (11.) The operculum of a ſnail, *Helix*, *L.* ſerved formerly, when previouſly burned, for a perfume under the name of *blatta byzantina*. The fiſh *Ougri*, which inhabits the rivers of Brazils, ſpreads a muſk odour.

The odour of roſes is to be remarked in ſeveral ſpecies of ichneumon, (12.) but I always found it very diſagreeable and acrid. The odour of inſects, ſuch as the *Apis fragrans*, L. and Fabr. the *Cerambya moschatus*, *Suaveolens*, *Ichneumon mos-*

(1.) Sapientia Hermetic, c. x. p. 277.

(2.) RHODIUS, centur. iii. Obſ. Med. xcviii. PETR. CASTELLUS de Hyæn. Odor. c. 11. REDI Obſervat. Intorno alle Vepere, &c. Laurenti Diſp. Amphibior, p. 76.

(3.) MASSEI Hiſt. Ind. lib. ii. p. 47. RECCHI Hiſt. Nat. Mexic. lib. ix. c. 3. LABAT Afriq. Occid. tom. v. ADANSON Voyage au Senegal, &c.

(4.) LABAT Ethiop. tom. i. p. 194.

(5.) HIEROM CARDAN de Subtilit. lib. ix.

(6.) KIRKPATRIK de Crotal. ed. ii. p. 15, Anglic.

(7.) WILLUGHBY Ornithol. p. 381 & 383.

(8.) BRISSON Hiſt. des Orſeaux, tom. vi. p. 627. no. 3, fol. 46.

(9.) Salerne et Arnault de Nobleville Hiſt. Nat. Anim. tom. iii. p. 600.

(10.) SCHWEDIAUR Philoſ. Tranſact. 1783, p. 1, no. 15.

(11.) METZGER Ambrologia, et I. F. KLOBIUS Hiſtoria Ambaris Wittenberg, 1676, &c. which ſhew that Schwediaur's opinion is very old.

(12.) DE GEER Mem. pour ſervir a l'Hiſtoire des Inſectes, tom. i. p. 559.

chator, *Tipula moschifera*, and many others, may be referred to that of muſk.

An animal exhalation, which ſeems to be fetid at firſt, ſhows frequently by analyſing more accurately by ſmell, ſome analogy with muſk; as, for inſtance, that of an irritated weaſel. The *odor hircinus* and the ſmell of the caſtoreum, are not ſo very different from the former as one might imagine.

It is known that this ſubſtance is found in the anal glands of the *Castor fiber*, *L.* (1.) and the ichorous matter which iſſues from a natural opening on the back of the *Sus tajassu*, *L.* (2.) exhales a very fetid odour of caſtoreum, which is more or leſs obſervable in other ſpecies of ſwine, ſuch as the *Sus Æthiopicus*, which exhibits an odour ſimilar to that of *Lamium purpureum*, *L.*

Many ſpecies of *Geranium* from the Cape of Good Hope, yield an odor hircinus analogous to that of caſtoreum.

[To be continued.]

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

IF the following Caſe ſhould be thought deſerving a place in your uſeful Journal, be ſo good as to inſert it.

Mancheſter, *September* 18, 1801. I am, &c. W. WOOD.

Hannah Rheubottom, aged forty-one, had been married eighteen years, and borne ſeven children at the full time, in nine years, five of which were living and two dead; one of the latter was afflicted with hydrocephalus, and the crotchet was neceſſary for its extraction; the reſt of her labours were natural and tolerably good, and ſhe had recovered very well in all her lyings-in. She ſuckled five of her children till ſhe was in the third month of pregnancy. Soon after her fourth lying-in ſhe grew lame, and was lame during the time ſhe nurſed three of her laſt children. The lameneſs conſtantly abated, and went off in a few weeks after weaning. She became pregnant of her

(1.) RONDELET Aquat. p. 236. GESNER Ibid. 185. BUFFON, tom. viii. &c.

(2.) TYSON Phil. Tranſact. no. 153. Deſmarchais Voyage, tom. iii. p. 296. Bancroft Guian, p. 125.

her ſeventh child in the beginning of Auguſt, 1794, and was delivered May 12, 1795, of a living child, which ſhe ſuckled one year and a half, till it died of the ſmall-pox. About the ninth month of ſuckling ſhe began to complain of flying pains in her back, hips, and extremities, which ſhe judged to be rheumatic, and became ſo lame as ſcarcely to be able to walk. She was alſo much troubled with fluor albus. After the death of her child her health improved rapidly, for in one month her health was fully reſtored. She enjoyed a good ſtate of health afterwards. Her huſband left her for about ſix years, and on his return ſhe became pregnant for the eighth time in November, 1800; ſhe was very healthy during her pregnancy, and able to follow her employment as a fuſtian cutter, till within a week of her delivery.

She began to be in labour about 3 P. M. on Wedneſday the 12th of Auguſt; on Thurſday her pains were leſs forcible, and ſhe ſlept tolerably that night; her pains grew ſtrong about noon on Friday, and ſhe perceived a diſcharge of water in ſmall quantity, and unattended with hæmorrhage.

She ſent for Mrs. S. the midwife about three in the afternoon, who perceived the deformity of her pelvis, and I was called in about nine in the evening. Finding the deformity ſo great as to prevent the introduction of my hand, and the child preſenting with one hand, I immediately called a conſultation, and Dr. Hull, Mr. White, and Mr. Thorp, met me at the patient's houſe about eleven the ſame evening. We all agreed as to the impoſſibility of a delivery per vaginam; and though we could not be certain that the child was alive, as the mother had not felt it move for about two hours before I was called in, and there was no very evident motion of the fingers, we agreed unanimouſly on the propriety and neceſſity of the operation of Hyſterotomy; which being propoſed, the patient and her friends after ſome deliberation agreed to it, and the operation was performed about one o'clock, an anodyne draught being firſt given, containing thirty drops of tincture of opium.

Previouſly to the operation, the patient did not appear to be endangered, her pulſe beating only about 86 to 92 ſtrokes in a minute; ſhe had no vomiting, and ſhe had paſſed both fæces and urine naturally and regularly. Her pains were at this time ſtrong and frequent. There was no tenſion or tenderneſs of the abdomen. The tongue was clean.

The inciſion was made nearly in a tranſverſe direction on the left ſide of the abdomen, about five inches in length, beginning at the umbilicus. This part was fixed upon becauſe the nates of the child could be felt there, and it was evident that no inteſtine was interpoſed betwixt the abdominal parietes and

the uterus. There was ſcarcely any effuſion of blood either from the external wound or from that of the uterus, though the latter was made directly upon the placenta. Inſtead of dividing the placenta, I introduced my hand betwixt it and the uterus, and laying hold of one of the knees of the child, I extracted it with eaſe. My hand paſſed with eaſe betwixt the placenta and uterus; this produced a hæmorrhage, but not in any conſiderable degree, for the whole quantity of blood loſt during the operation did not appear to me to exceed ſeven or eight ounces. After the uterus was emptied, the inteſtines and omentum protruded at the wound; theſe being reduced the integuments were brought into contact, and kept ſo by the interrupted ſuture, the ſtitches of which were made about an inch aſunder, and by ſtraps of adheſive plaſter. Dreſſings and a bandage of flannel being applied, ſhe was placed in bed. She bore the operation very well, ſhe neither fainted nor vomited, and declared that ſhe had ſuffered more pains in a former labour. Her pulſe, which was about 100, immediately after the operation fell to 88, and was moderately ſtrong when we left her at two o'clock. A diſcharge per vaginam immediately took place, and ſhe felt pains on the right ſide of the abdomen ſimilar to after-pains. A pill containing a grain of opium, was ordered to be taken in three hours, provided the pains remained urgent. Saturday, 10 A. M. ſhe had taken the pill, and had got ſome ſleep. Her pulſe 88, moderately ſtrong; tongue clean. The diſcharge per vaginam natural; there had been a moderate diſcharge from the wound. The abdomen not tumefied or tenſe; pains reſembling after-pains felt more on the right ſide of the belly. The pill with opium was ordered to be repeated, and a common clyſter to be given, and repeated in four hours if ſhe ſhould have no evacuation by ſtool.

Seven, P. M. She had made water this evening, but had paſſed no fæces, though two clyſters had been given: Pulſe from 130 to nearly 140, rather ſmall; diſcharge per vaginam free and freſh; the wound had diſcharged a little ſince morning; belly diſtended but not tender; ſkin moiſt, and ſcarcely hotter than natural; no head-ache, or vomiting, or rigors. The clyſters were ordered to be repeated.

Sunday, 16th Aug. 10 A. M. Pulſe 132, ſmall and rather hard; tongue had a ſlight white fur; heat ſcarcely greater than natural to the touch; ſkin moiſt; conſiderable faintneſs and ſickneſs; ſhe had vomited very often without much exertion; had paſſed her urine naturally, and had had two rather liquid ſtools; had experienced no head-ach or rigors; the diſcharge from the vagina natural in appearance and quantity; ſome diſcharge from the wound when ſhe lies on the left ſide. The wound was

dreſſed

dreſſed this morning, and looked well. Eight leeches and an anodyne fomentation were ordered to be applied to the abdomen. Five grains of calomel and one of purified opium in form of a pill were directed to be given immediately, and a purgative clyſter to be thrown up; and if an evacuation ſhould not be procured in four hours, the clyſter and pill, with half the quantity of opium, were to be repeated. A ſaline julep was likewiſe preſcribed.

Eight, P. M. The vomiting had continued; her pulſe 140, ſmall; tongue clean, ſkin moiſt; not hotter than natural; no rigors; the diſcharge per vaginam of the natural appearance and quantity; the ſtate of the abdomen as in the morning. As ſhe had had no ſtools, the purgative clyſter was ordered to be repeated, and alſo the following pills were directed. Take of calomel eight grains, of purified opium two grains, conſerve a ſufficient quantity; divide into four pills, and take one every four hours.

17th, 9 A. M. She had ſlumbered at times; the pulſe from 132 to 140; ſkin and tongue moiſt; had experienced no rigors or increaſed heat; the diſcharge per vaginam freſh and in ſufficient quantity; the wound had diſcharged but little; on taking off the dreſſings, a portion of inteſtine appeared in contact with the lips of the external wound, but did not protrude betwixt the ligatures; a ſmall portion of omentum alſo appeared at the angle neareſt the umbilicus. The abdomen was tumefied, but was neither very tenſe nor very tender. Her bowels had not been properly evacuated, though ſhe had taken the whole of the pills during the night, and a clyſter had been adminiſtered. Her ſpirits appeared better, and ſhe was leſs faint, but the vomiting was ſtill urgent. She was ordered to take two drachms of Rochelle ſalts, diſſolved in mint water, every hour, till her bowels were opened.

8th, P. M. She had paſſed four looſe and copious ſtools, and became very faint after them; ſhe became delirious; her pulſe was ſo frequent as ſcarcely to be numbered, and very ſmall and weak; her extremities cold and clammy; the abdomen painful, tumefied, and tender; her reſpiration laborious; ſhe had hiccuped, but this ſymptom had not been urgent; the vomiting ſtill continued.

About twelve o'clock ſhe died.

Dissection.

On Tueſday the 18th, about eleven in the forenoon, Dr. Hull and I called upon her huſband, to aſk permiſſion to inſpect the body. We could not obtain leave to open the body, but were permitted to examine the wound. On cutting the ligatures,

tures, we found that the lips of the wound did not at all adhere to each other. A portion of ſmall inteſtine, very much diſtended with air, was placed horizontally in the direction of the wound, and in cloſe contact with it; and at the angle near the navel, there was a ſmall portion of omentum. We dragged the ſmall inteſtines out of the wound, and found them very much inflamed; the meſentery was very highly inflamed. The colon, as far as we could trace it, and the omentum, were alſo very much inflamed. There was little, if any, inflammation of that part of the peritoneum which lined the abdomen near the wound.

The uterus lay on the right ſide of the belly, and had deſcended in part into the pelvis; the cervix paſſed through the ſuperior aperture, ſo as to be felt per vaginam. We removed the uterus, and, on examining it carefully at my houſe, we found that the wound was ſituated in the higheſt part of the fundus, and that its lips were livid, and ſhewed a tendency to gangrene. The peritoneal coat of the uterus was rather reddened poſteriorly, but not anteriorly.

The tubæ Fallopinæ, eſpecially the right, were highly inflamed. On cutting open the womb, we found its cervix very much contuſed nearly through the whole ſubſtance, and gangrenous on the inner ſurface. The quantity of coagulated blood in the cavity of the abdomen was very ſmall, it did not appear to equal an ounce.

We examined the pelvis very carefully, both from the abdominal wound and per vaginam, after the removal of the uterus, and eſtimated the dimenſions as follow:

The ſuperior aperture, which was of a triangular form, meaſured from the os ſacrum to the ſymphyſis pubis, ſee the plate, A B, about 3½ inches from behind to before; in the direction A C, about two inches; and leſs in the remainder of the ſpace on the right ſide; from behind to before, in the direction A D, about one inch and a half, and ſtill leſs in the remaining part on the left ſide; from the part where the oſſa pubis were bent and approximated, E F, the ſpace from one os pubis to the other, quite to the ſymphyſis, meaſured rather more than half an inch. The inferior aperture was much more contracted in proportion than the ſuperior. Immediately under the ſymphyſis pubis, the ſpace from one ramus to the other meaſured about an inch; lower down, the ſpace from one ramus iſchii to the other ſcarcely meaſured half an inch. From the tuberoſity of one os iſchium to the other, at their moſt diſtant points, the ſpace was about 1½ inch. From the tuberoſity of one os iſchium to the apex of the os coccygis, it meaſured about 1½ inch on each ſide.

From

From the apex of the os coccygis to the approximation of the rami iſchii, nearly two inches; from the apex of the os ſacrum to the point where the rami iſchii approximated ſo much as to barely admit one finger, nearly three inches.

The os ſacrum was very much bent; the oſſa pubis had each a ſharp prominent ridge, about an inch in length, on their margins, at the ſuperior aperture.

The vertebræ were bent forwards, ſo as to render the back very hollow; but there was no other diſtortion of the ſpine: The clavicles were very much bent, inſomuch, that ſhe once applied to a bone ſetter, thinking they had been broken; the ribs appeared flattened; the ſternum projected more than is uſual, and was rather incurvated. None of the other bones were altered in their form.

Observations.

The deformity above alluded to, was produced in the adult ſtate by *malacosteon*; and it is very extraordinary, that five caſes of this diſeaſe have occurred to me in the ſpace of fourteen months The firſt was that of Eliz. Thompſon, upon whom I performed the Cæſarean operation: Her caſe is given by me in the *Appendix to the fifth vol. of the Memoirs of the Medical Society*. The ſecond and third caſes were thoſe of Hannah Davies of Bradſhaw Street, and Jane Kinnerly of Water Street, Mancheſter; the former was delived by the crotchet, and the latter died undelivered; their caſes are mentioned by Dr. Hull, in the Appendix to his Tranſlation of the *Memoirs on the Cæsarean Operation, by M. Baudelocque*. The fourth was that of Mary Robinſon, of Dean's-gate, Mancheſter; ſhe has had ſeven children born at the full time. I attended her in her two laſt labours; the former happened about three years ago; at that time there was no diſtortion of the pelvis. She began to be in labour the latter time, on the   of May; I was ſent for in the evening, ſhe appeared much emaciated, and informed me, that ſhe had been in a poor ſtate of health for ſix months, during which time ſhe had been affected with pains in her back and hips, which ſhe judged to be rheumatic, and was become ſo lame, as ſcarcely to be able to walk acroſs the room: Her legs and thighs were very much ſwelled, and quite anaſarcous: Her pains had been frequent moſt of the day. Upon examination, per vaginam, I found the os uteri fully dilated, and the head of the fœtus preſenting. No part of the cranium was then forced into the ſuperior aperture of the pelvis. I found the pelvis ſo much deformed, that it was neceſſary to open the head, and deliver by the crotchet, which was accompliſhed with ſome difficulty. The ſuperior aperture of the pelvis, in its wideſt

wideſt ſpace, appeared to me to be little more than two inches: the patient recovered tolerably well, and is now able to walk about, and enjoys a pretty good ſtate of health. The fifth caſe was that of Hannah Rheubottom, in which it appears, that the affection of the bones took place during the time ſhe was a nurſe, and when ſhe left off ſuckling, the progreſs of the diſeaſe was ſtopped. It ſeems remarkable, that the contuſion the cervix uteri had undergone, by the effects of the labour pains, ſhould not have produced ſome alarming ſymptoms previous to the delivery.

On the Use of the Belladonna in extracting the Cataract, by Mr. PAGET, Surgeon to the Leiceſter Infirmary.

To the Editors of the MEDICAL and PHYSICAL JOURNAL.

Gentlemen,

IN one of the numbers of your Journal, (vide Medical and Phyſical Journal, vol. iii. p. 367,) we are informed that Dr. Reimarus of Hamburgh, had obſerved a remarkable dilatation of the pupil of the eye to take place conſequent to the application of diluted extract of Belladonna, and that it had been adopted with ſucceſs by Dr. Graſſmeyer of the ſame place, as an expedient to prevent injury being done to the iris during the operation of extracting the cataract. In a ſubſequent number there is a paper by Mr. Wainwright, a reſpectable ſurgeon of Dudley, with an account of ſome obſervations he had made on the uſe of the Belladonna as applied to the eye, which confirmed the favorable report of Reimarus, and induced me to give it a trial as ſoon as an opportunity ſhould occur. I have accordingly uſed it lately in three caſes, previous to the extraction of the cataract; and although the reſult has not quite equalled my expectations, yet I am convinced it will be found of conſiderable uſe when experience ſhall have decided to what extent the application may be carried, without danger of evacuating the vitreous humor from too great a dilatation of the pupil. In the firſt caſe which occurred, I wiſhed to make an experiment of the effects ſome days previous to the operation; and as no intimation was given in either of the accounts above alluded to, of the ſtrength of the preparation employed, that important point was yet to be learned. Accordingly, I diffuſed 4 grains of the extract procured from Apothecaries Hall in ℥ j. of

of water, and ſix drops of this mixture were dropped into one of the eyes. The application gave no pain, nor produced any apparent irritation; but in about half an hour the iris was perfectly inviſible, and the whole circumference of the opake cryſtalline completely in view. The effect continued gradually diminiſhing after this time, but the pupil was not reduced to the ſize of that of the other eye in leſs than three days. When the time was fixed for the operation, I ordered three drops, of the ſame ſtrength, to be put into the eye half an hour beforehand. Immediately on the application of the knife to the cornea the iris ſhewed that its irritabilty was not deſtroyed, for a contraction of the pupil immediately took place, but not to its natural ſize, ſo that plenty of room was left for paſſing the knife, and compleating the inciſion without injury to the iris.

The other caſes were nearly ſimilar in their reſult, the orbicular fibres of the iris were in a degree paralyzed by the diluted extract, but I did not find that it had any effect in quieting the muſcles of the eye, or that it at all tended to prevent the rolling of the eye during the operation. I think this application ſeems particularly well adapted to the examination of the cataract, previous to the operation, eſpecially when we wiſh to aſcertain whether the capſule is opake, or only the lens itſelf; and probably we may find it of uſe in many other ſtates of the eye, where an accurate examination of the parts poſterior to the iris is neceſſary. I am, &c.

Leiceſter, Sept. 20, 1801. THO. PAGET.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

I Have tranſlated the following Memoir from the firſt volume of the Memoirs of the National Inſtitute of Sciences and Arts, in France; a ſcarce book in this country. This paper, among many others, appears intereſting to me, both on account of the rarity of the ſubject therein treated, and for the practical utility it may afford. Its inſertion in your uſeful Journal will oblige, Gentlemen, your's, &c.

Plymouth, Aug. 28, 1801. G. BELLAMY.

Memoir on the morbific Elongation of the Tongue out of the Mouth. By PIERRE LASSUS.

THERE are ſome children of whom the point of the tongue tumefies, and is prolonged by little and little out of the mouth,

 extending

extending even upon the chin. This vicious affection, which happily is rare, and the cauſe of which is not the ſame in all individuals, manifeſts itſelf ſometimes immediately after birth, at others in the firſt years of infancy. In both caſes this deformity, be it from birth or accidental, to which we may give the name of Prolapſus Linguæ, degenerates gradually when it is not remedied in its beginning, into an habitual diſeaſe, which increaſes with age; and that ſome of thoſe who have been incommoded with it have preſerved during life. As it does not appear that the medical profeſſion has obſerved this diſeaſe with all the attention that it deſerves, I have thought it might be uſeful to collect the few obſervations which have been made on this ſubject, to join them to thoſe that I have had opportunity of making myſelf, to diſcuſs the one and the other, ſo as to find the means of remedying this preternatural affection.* An author of the ſixth century, Gaſpar Peucer, is, as I believe, the firſt who has ſaid he had ſeen children come into the world with the tongue out of the mouth, and hanging on the chin, like that of a calf recently ſlain. Such is the expreſſion of Peucer, who conſiders this vicious conformation as a phænomenon, in ſome meaſure foreign to the art; as an incurable monſtroſity.† The ſame caſe has been obſerved, with a little more exactneſs, by Zacchias;‡ this phyſician ſpeaks of having ſeen, in 1628, at Rome, a new-born child, very ſtrong and well formed, who had the tongue out of the mouth, the length at leaſt of three fingers breadth; it was a little wider and a little thicker than it uſually is at that age; when the child moved it, and drew it in, one could judge how much it exceeded the opening of the mouth.

Nevertheleſs, it ſucked pretty well, provided the nurſe's nipple was large and elongated; for it could not execute the ſame function with another nurſe, whoſe nipple was rather ſhort and thin. Arrived at the age of about fourteen months, it ate and drank pretty freely, although it had, night and day, a portion of the tongue out of the mouth; it began even to pronounce ſome words, when it died, without Zacchias having known the cauſe of its death.

The

* Sauvages has mentioned, in his Methodical Noſology, the involuntary exit of the tongue from the mouth, under the name of paragloſſe exertoria, linguæ extruſio; but neither he, nor Gorter, nor Gaubius, whom he cites, has ſpoken of the diſeaſe which is the ſubject of this Memoir.

† Commentarius de Præcipuis Generibus Divinationum. Wittebergæ, 1580, in 8vo. p. 442. Teratoſcopia.

‡ Quæſtion. Medic. Legal. lib. vii. tit. 1. quæſt. 9.

The following obſervation appears to prove, that this vicious conformation may exiſt even when the fœtus is ſtill contained in the uterus. A woman, twenty-four years of age, was brought-to-bed, April 11, 1771, for the firſt time, and being only in the eighth month of her pregnancy, of a dead fœtus, which was acephalous,* and whoſe tongue, rather thick, projected about three lines out of the mouth.† The moſt uſual caſes are thoſe in which the prolongation of this organ manifeſts itſelf immediately after birth, or a few years after; in ſome children it is very conſiderable at the moment of its appearance, whilſt in others the progreſs of the diſeaſe is a little leſs rapid, and is only inſenſibly advanced. An obſervation communicated to Bartholin, by Bogdan his diſciple, proves this; who ſays, he ſaw, at Drieſen, in Brandebourg, a child which came into the world having the extremity of the tongue out of the mouth, of the ſize of a filbert; this child receiving no help, its diſeaſe augmented ſo, that it ſoon alarmed all thoſe who beheld it. By little and little the tongue ſwelled, and extended ſo as to equal in volume the heart of a calf ſix weeks old; which did not prevent this child, in the end, from ſwallowing ſolid food, or from even ſpeaking diſtinctly, although the ſound of its voice was a little harſh.‡

It is certain that the diſeaſe increaſes by ſuffering the child to ſuck, who cannot exerciſe that action but with difficulty; what proves this, is the neceſſity of nouriſhing it ſometimes, by introducing liquid aliment very far into the mouth to be enabled to ſwallow it. In proportion as the tongue extends and tumefies, it draws with it, by its weight, the hyoid bone, and the ſuperior part of the larynx, which contributes to render deglutition ſtill more difficult; the continual and very abundant effuſion of ſaliva, which is no longer retained in the mouth, induces thirſt and dryneſs of the throat; the inciſive and canine teeth of the lower jaw are thrown forward, and partly quit their alveoli; the tongue, rubbing againſt theſe diſplaced and worn teeth, excoriates and bleeds; the lower jaw, always hangs down, projects a little forward; the under lip reverſes, and projects; the ſuperior edge of the lower jaw is hollowed by degrees in its middle, deprived at length of teeth by the preſſure and motion of the tongue, which forms there a kind of furrow to lodge itſelf; in fine, this organ, at times more, at others leſs tumefied, hangs conſtantly out of the mouth.

---

* The author muſt mean the upper part of the head, the cranium, ſtrictly ſpeaking.

† Journal de Medicine, June, 1772. p. 498.

‡ Hiſtor. Centur. III. Hiſtor. 43. p. 84.

Such are the ſymptoms which characteriſe this diſeaſe when it is inveterate; at the ſame time, it does not abſolutely prevent ſpeech and deglutition; but the ſound of the voice is harſh, and deglutition is always more or leſs reſtricted. *

The following obſervation will confirm all that has been ſaid on the progreſs that this diſeaſe is capable of making.

A woman of the town of Leyden had, in her infancy, a continued fever, which laſted ſome weeks. At the time of her cure the tongue ſwelled, and was elongated gradually out of the mouth, ſo far as to hang on the chin, about the length of four inches; its width filled the whole interval of the angles of the lips.

The deſire of hiding her deformity, or to make it leſs apparent, ſuggeſted to the girl, when ſhe had obtained the age of fifteen years, the idea of encloſing her tongue in a little ſilver box, which did not prevent her from ſpeaking, from forming ſounds, and executing the greater part of the functions attributed to this organ. At the age of fifty-four years ſhe was examined (a little while ſince) by the celebrated Sandifort, Profeſſor of Anatomy at Leyden, who gives the following detail of the progreſs of this diſeaſe: The tranſverſe opening of the mouth is three inches, and is filled by the tongue, which hangs about the length of four inches and a half upon the chin; its ſurface is unequal, tubercular, and always covered with a thick ſaliva; the under lip is reverſed forwards, and lengthened three inches; its florid edge is not equal, but covered by two rounded eminences of near the thickneſs of the lip itſelf; the lower jaw is moveable, and conſtantly hanging down by the weight of the tongue. She has only one tooth remaining, which is carious; one of the molars. In the roof of the palate are ſeen two roundiſh tumors, ſeparated from each other by a fiſſure. This diſeaſe is upwards of forty years ſtanding, and cauſes an almoſt habitual and irkſome pain in the bottom of the throat, near the hyoides. During this long ſpace of time, the patient has been often attacked with quinſey and difficulty of ſwallowing. When ſhe does not experience this inconvenienc, ſhe ſwallows every kind of aliment, and ſpeaks even pretty diſtinctly. †

In caſes abſolutely like this, the cutting off the protuberant extremity of the tongue has been adviſed, and even performed; the fear alone of a hæmorrhage, which has been thought difficult

* Journal de Medicine, Aout 1761, p. 156.

† Trioen, Obſervat. Medicinal. p. 142. Sandifort Obſervat. Anatom. Patholog. lib. 4. cap. 9.

cult to repreſs, has reſtrained the hand of ſome practitioners who were anxious to perform this uſeleſs operation. M. Sandifort, notwithſtanding, is of opinion, that it would be advantageous to the ſufferers, and honourable to the Art. We ſhall prove the contrary by and by; but let us firſt examine the fact upon which this learned Profeſſor eſtabliſhes his doctrine.

[To be continued.]

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

SIR SIDNEY SMITH ſent me lately a ſmall Treatiſe on the Egyptian Blindneſs. I have extracted the moſt intereſting part of it, which Sir Sidney recommended to me to tranſlate, and ſend to Egypt for the benefit of our army.

Will you have the goodneſs to inſert it in your next Journal, and ſend me a few copies to ſend to Egypt.

Sackville Street, I am, &c.
September 24, 1801. G. BLANE.

DR. ANTONIO SAVARESI, *one of the Phyſicians to the French Army in Ægypt, on the Cure and Prevention of the endemic Ophthalmia of that Country. Tranſlated from the Italian. Communicated by* DR. BLANE.

HE firſt divides this complaint into the ſthenic and aſthenic; the one depending on an exceſs, the other on a defect of tone. The former affects the bulb of the eye; the latter, ſometimes the *tarsus*, ſometimes the *tunica conjunctiva.*

In the beginning I purge in all the three ſpecies, without diſtinction, with an ounce of magneſia vitriolata, otherwiſe called Epſom ſalts.

The ſthenic ophthalmia requires very cloſe and ſtrict attention, inaſmuch as the cure depends on the efficiency of the firſt remedies. In this caſe, a bliſter to the nape of the neck, and local bleeding from the temporal or jugular vein, are of great utility, and ought not to be omitted. An hour after the letting of blood, a ſenſible change in the complaint is perceived, and next day the violent pain of the part and the ſevere headache diminiſh, or at leaſt ceaſe to torture the patient. This effect is often retarded, and the complaint advances, accompanied

panied with a flight feverifhnefs. In order to ftop this, it is neceffary to repeat the bleeding and the purges.

A low diet is prefcribed, a decoction of barley with cream of tartar, and a refolving collyrium, compofed of opium diffolved in fpirit of wine, and in decoction of faffron, which contributes to calm.

This method of cure fhould be continued till the fwelling of the eyes is diminifhed, and the eye-lids begin to be turned up with a degree of fwelling, an appearance which always proceeds from the weakening and relaxation of the veffels. In confequence of this change a faponaceous collyrium is ordered, which confifts in a folution of foap in fpirit of wine, by the ufe of which the eye-lids refume their natural fituation, and eafily open, fo that the cornea being now vifible is found fometimes red or covered with fpots. In the firft cafe, cold water with vinegar is employed with good fuccefs; and in the fecond, recourfe is had to the dry collyrium, compofed of fugar-candy, alum, and nitre, which deftroys the fpots in a few days. By means of thefe topical and internal remedies, a compleat cure is effected in the fpace of a month or two. If the complaint fhould not be removed in that time, there will be too much reafon to defpair of a cure.

With refpect to the cure of the fecond fpecies of ophthalmia, I have applied only a tonic collyrium of white vitriol diffolved in vinegar, water, and proof fpirit. This remedy has afforded the utmoft relief, and has cured the complaint radically in twenty days or a month.

Another collyrium made of common falt diffolved in vinegar and water, has ferved to cure the third fpecies of ophthalmic inflammation, which is more fimple, but obftinate like the preceding. In the maritime countries of Italy, I have feen this indifpofition cured with baths of fea water.

Many praife the application of emollient and refolving cataplafms in all the three fpecies. Obfervation teaches us that this remedy is noxious, fince it relaxes the part, increafes the pain, and produces other evils.

Such has been the curative method which I have ufed in the military hofpitals of Ægypt, to fave from blindnefs thofe unfortunate foldiers who were attacked with this difeafe, and placed under my care. Of a thoufand, or thereabouts, who were affected with this diforder, I had the mortification to fee two entirely lofe their fight, and fome others lofe the fight of one eye.

Preventive Means.

The means I am going to point out, cannot be practifed by foldiers, as their neceffary duties do not admit of it; but they may

may be of aſſiſtance to thoſe who have the proper convenience for availing themſelves of them.

Firſt, expoſure to the rays of the ſun with the head uncovered ſhould be avoided, and to the humidity of the night without ſome precaution to ſhelter oneſelf from it. In the ſecond plan, it is neceſſary to bathe the eyes twice or thrice a day with fair water mixed with vinegar or lemon juice, eſpecially when the organ has been irritated by duſt, ſmoak, or any external accident; and when it has been weakened by too much ſunſhine or humidity, it ought to be ſprinkled with ſpirituous or other tonic liquors. Finally, it will be adviſeable to abſtain from ſalted food, and at the ſame time to maintain ſuitable perſpiration; to preſerve the hair of the head a little long, to avoid expoſure to cold after being heated, and to attend to the inteſtinal evacuations.

The ſucceſs of theſe ſimple preſervatives has been confirmed by obſervations and experience. When ſeaſonably practiced, they prevent the diſorder, and preſerve the ſight.

Experiments and Observations on Land and Sea Air. By ADAM SEYBERT, M. D.

[Concluded from p. 208, of our laſt.]

THAT the air at ſea ſhould appear nearly of the ſame purity in different latitudes, does by no means aſtoniſh me; for if land air has certain matters mixed with it, they are *perhaps* abſorbed; and if my ſuppoſition be true, that the influence of the ſun's rays on the water tends to increaſe its purity, the opinion I entertain is not ſurpriſing. For when once purified, there are perhaps none, or few cauſes to render the air noxious after it is wafted from our towns and cities over a large body of water.

It occurred to me that probably the purity of the air at ſea varied at different periods of the day: To ſatisfy myſelf on this point, I made ſeveral trials on the 10th and 17th of June laſt. On the 10th I performed them at 9 o'clock A. M. at 12, and at 6 o'clock P. M. On the 17th at 9 A. M. and at 12 o'clock. The reſult of all the experiments of the ſame day was exactly ſimilar, at leaſt not perceptibly different.

Whether or not ſea air might be rendered more pure by agitation with water, appeared to me to be a queſtion worthy of being aſcertained, particularly as ſome celebrated men reaſon that it has this effect, and muſt hence be looked upon as one of the

the greatest resources which we have for purifying the atmosphere. Sir John Pringle and Dr. Ingenhousz are of this opinion; but some of Dr. Priestley's experiments seem to contradict it; and so does the following assertion of the celebrated Scheele, who says, "L'air ne s'unit pas avec l'eau commune." Traité de l'air et du feu, p. 51.

My experiments on this head are as follow: On the 26th and 28th of June, the 2d and 5th of July, equal bulks of sea water and air were agitated for half an hour in my eudiometer tube, but I never discovered any absorption to have taken place; neither was the air rendered purer, as was evident from a mixture with nitrous air.

It now appeared probable to me, that sea water was already saturated with all the gaseous particles it could absorb; and that fresh water, when agitated with sea air, might diminish its bulk or alter its purity. In consequence of this supposition, equal bulks of sea air and fresh water were agitated as above; but it was not in the least altered. Not entirely satisfied of the fallacy of my conjecture, I boiled sea water a sufficient time to purge it of the air it might contain; I then agitated sea air with this boiled water, as abovementioned, and found no difference in result from the other experiments. These results tend to confirm me in my belief, that if sea water purifies the air, it is rather by adding a somewhat, than by absorbing any considerable quantity of effluvia floating therein. Though by this I do not mean to say, that certain matters foreign to our atmosphere do not float therein on land; if they exist, perhaps they may by water be subject to absorption.

To the Editors of the Medical and Physical Journal.

Gentlemen,

I Have transmitted the following singular, and to me extraordinary case, that if it be thought of importance sufficient to occupy a corner of your valuable Miscellany the insertion will oblige, Your's, &c.

T. HOPE.

On the 2d of August, 1801, I was called in to attend the wife of —— Shotten, in the parish of Rainham, a spare small woman of about thirty years of age, who had about three weeks

weeks before been delivered of a child, by an accoucheur employed for that purpofe.

The appearance of my patient at the firft fight gave me very unfavorable impreffions, which were more ftrongly confirmed by an enquiry into the hiftory of her fituation from the firft. The following is the fubftance of the account I received.

That in the month of April, 1800, being feven months advanced in pregnancy, fhe was attacked with fevere labor pains. Expecting fhe was going to mifcarry, fhe fent for her family furgeon, who attended her fome time; thefe pains however, although pretty ftrong, and continuing for three weeks, were not fufficient to expel the fœtus, at the end of which period the pains fubfided, but from the low ftate to which fhe was reduced, kept her bed for four weeks after, during all which time fhe had fœtid, irregular menftruation. The fymptoms of labor being entirely removed, fhe complained of an exceeding hard, painful body, adhering to her right fide, and which fubftance fhe never after could get removed, but continued hard, large, and painful.

In the month of November following, fhe difcovered fymptoms of recent impregnation, and was delivered of a child in July laft, of rather an unhealthy appearance; after delivery, the pain and hardnefs of her fide gave her particular uneafinefs, of which fhe complained to the laft moment of her life; other circumftances went on as regular and well as is cuftomary in parturient cafes, until the end of near a fortnight, when having been coftive for fome days, a medicine was given her to procure a ftool, which fhe threw off her ftomach, and foon after every thing elfe that was given.

On the 30th of July, her vomitings were mixed with ftercoraceous matter, as well as the matter of glyfters injected per anum; which induced them to call me in, but which could not be remedied, as nothing, of however light a form or fedative power, could be retained an hour on the ftomach; yet fhe continued in exiftence until the 9th of Auguft.

Having obtained permiffion, two medical friends went with me to open the body. On cutting through the peritoneal lining, we found the hard fubftance of which fhe had fo long complained, to be the uterus, of about the fize of a calf's bladder when diftended with air, and perfectly green from putrefaction. Wifhing to remove it entire, if poffible, as the fubftance was exceedingly thin, we were particularly cautious; yet with all attention, the cavity was broken into, from whence iffued about a pint or more of nafty thick matter, of the confiftence of molaffes, and colour of ftrong beer grounds, in which was a fœtus of between fix and feven months, fo macerated that it had

ſcarcely ſufficient ſolidity of bone to afford reſiſtance; the ligamentary ſubſtance was pretty compleat, as was the cord, and the placenta adhered to the ſuperior part of the uterus with conſiderable firmneſs.

The whole courſe of the inteſtinal canal was in a highly diſeaſed ſtate; but our time being ſhort, and the particular object of our ſearch obtained, we did not proceed further in enquiry.

A ſtrict attention has been paid to relate only ſimple facts. A miſtake with reſpect to its being extra-uterine is impoſſible, from the care taken in examination; it is therefore brought forward as a proof of the reality of ſuperfœtation. The time of her being taken with pains in the firſt inſtance, exactly correſponds with the ſize of the fœtus retained after the expulſion of the ſubſequent conception.

The pain ſhe felt in a day or two after delivery, was exactly in every reſpect like that complained of before, ſo that whatever produced diſeaſe before the ſecond impregnation, was, to her own ſenſations, that which cauſed thoſe under which ſhe now labored, and under which ſhe died; which was evidently a fœtus, enveloped in its own membranes within the cavity of the uterus.

The child is, I believe, now living.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

A Temporary inability to uſe my eyes freely, and ſome other circumſtances, oblige me to poſtpone my intended popular Eſſays to the beginning of December; after which, as far as depends on me, they will proceed regularly. I do not regret this delay, as it gives me the opportunity of addreſſing to practitioners of medicine, and to other obſervers of human life, the following requeſt: If they have any facts likely to promote the public health, whether reſpecting quack medicines, or of any other deſcription which they think ſuitable to my plan, I ſhould be much obliged by the communication of them. I could wiſh to be authorized to uſe the name of my correſpondent, as a voucher for the facts; but, at all events, I muſt be ſatisfied myſelf of their reality. I am, &c.

Clifton, Sept. 14, 1801. T. BEDDOES.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IMPERFECT and erroneous accounts having been published, respecting several institutions established in London, for the relief of the sick-poor; a correct statement would probably be deemed an acceptable present to the public, as well as to the medical world. It is my intention to collect and print the best account I am able, of all the HOSPITALS, INFIRMARIES, DISPENSARIES, and MEDICAL SOCIETIES in the Metropolis. I have therefore taken the liberty to address you, in hopes of being furnished, through the assistance of your correspondents, with such materials as will be likely to facilitate the execution of my design.

The information which I particularly request, may be comprehended under the following heads:

1. Original foundation of the institution.
2. Subsequent alterations and improvements.
3. Present establishment and income.
4. Names and writings of the medical officers.
5. Plan of medical attendance.
6. Copy of the pharmacopœia pauperum.
7. House diet, nursing, and economy.
8. Weekly board, committees, and general meetings.
9. Regulations for visitors and attending pupils.
10. Stated Medical Lectures and Societies.
11. Publications tending to throw light on this inquiry.

I am, &c.
WILLIAM BLAIR.

Great Russel Sreeet, Bloomsbury,
Sept. 21, 1801.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I BEG leave to send you, as usual, my month's state of the patients admitted into the Bristol Dispensary; and at the same time, to remind you of an error in my last paper on Typhus Fevers, wherein ℥j. is put instead of ʒj. of acid. muriat. in the first mixture, and not mentioning the size of the mixture, which is meant an eight ounce; by correcting the error in the next number, you will much oblige,

Yours, &c.
W. D. ROLFE.

Dispensary House,
North Street, 10 *Sept.* 1801.

State of the Patients of the Bristol Dispensary, from the 1st of August to the 1st of September, 1801.

Anasarca	6
Asthma	4
Anorexia & Dyspepsia	4
Abscessus Mammarum	1
Asthenia	3
Ascites	3
Angina Maligna	2
Consumption	7
Diarrhœa	8
Dysenteria	8
Leucorrhœa	2
Menorrhœa	2
Nervous	1
Paralysis	1
Pleuritis	2
Phthisis	3
Scorbutic	1
Synocha	6
Typhus Fevers	53
Puerperal Fever	1
Putrid Fever	1

List of Diseases at the Bath City Dispensary, from August 1, to September 1, 1801.

Anasarca	3
Cynanche Maligna	2
Contusion	1
Cholera	2
Constipatio	1
Eruptiones	3
Febris Simplex	5
—— Quotidiana	1
Gastrodynia	1
Hæmoptysis	1
Hectica	1
Hernia	1
Herpes	2
Leucorrhœa	1
Menorrhagia	2
Ophthalmia	1
Phthisis	4
Pertussis	1
Pleuritis	1
Prolapsus Ani	1
Psora	4
Rheumatism Acute	15
Scalded Leg	1
Scarlatina Anginosa	1
Synochus Biliosa	55
—— Pleuritica	5
—— Enteritica	2
—— Nephritica	1
—— Cholerica	7
—— cum Hæmorrhagia	1
—— cum Paraplegia	1
—— Dysenterica	2
—— Icterica	4
Syphilis	1
Scrofula	3
Shingles	1
Tumor	1
Tic Doloreux	1
Ulcerated Legs	5
Vermes	1
Variola	5

W. WHITE.

CRITICAL RETROSPECT OF MEDICAL AND PHYSICAL LITERATURE.

Dr. Wilson's Treatise on Febrile Diseases.

(Concluded from p. 271 of our laſt.)

In our laſt we gave an enumeration of the uſual ſymptoms of the plague, omitting, however, ſeveral accidental variations of leſs importance. On the *Cauſe*, or manner of propagating the plague, Dr. W. ſays, " It will be unneceſſary here to make many obſervations on contagion, as this ſubject has already been conſidered at length. It is needleſs to repeat what has been ſaid of the means of preventing the generation and checking the progreſs of contagious diſeaſes;* and it would be tedious here to deſcribe lazarettos and the various precautions employed to prevent the introduction of the plague from foreign countries; for theſe I ſhall refer the reader to the works of Mr. Howard and Dr. Ruſſell.

" Some facts would lead us to ſuppoſe that peculiar ſtates of the air are favourable to the production of the plague; it has ſometimes appeared in many parts of a country at the ſame time. More generally, however, it appears at firſt in one place, and ſpreads gradually to others.

" Like other contagious fevers, warm weather is generally favourable, and cold weather unfavourable, to its progreſs. The plague was greatly weakened, De Mertens informs us, while the thermometer ſtood between ſixteen and twenty degrees below froſt. It often happens, however, that its violence is not checked by the winter, and there are many inſtances of the plague ceaſing in the warmeſt ſeaſons of the year. In all the plagues with which Aleppo has been viſited during this century, the Rev. Mr. Dawes obſerves, it is ſaid to have regularly and conſtantly ceaſed in Auguſt or September, the hotteſt months of the year.

" Like other contagions, that of the plague is active only for a very ſhort diſtance around the patient. The phyſicians, De Mertens obſerves, often went within a foot of the patients, without being infected.

" The young and robuſt, the ſame author obſerves, were more

* De Mertens recommends, as a good preventive, wearing a cloak of oiled cloth over the clothes, while in the rooms of the ſick. It has alſo been recommended to anoint the body with oil. De Mertens thinks iſſues not to be depended on. The reader will find, in his Treatiſe on the Plague of Moſcow, formulæ for what have been termed anti-peſtilential powders; they are ſimilar to the fumigating powders mentioned in the firſt volume, when ſpeaking of the purification of fomites; the manner of uſing them alſo, is there pointed out.

liable to infection than the old and infirm. It has often been remarked of the plague, as of most other contagious fevers, that infants are less liable to it than adults. Waldshmidt saw several infants who sucked nurses ill of the plague, and yet escaped infection. He even observes, that one infant sucked two nurses ill of the plague, both of whom died, yet the child did not receive the disease. A woman, who suckled her child five months old, was seized with the plague, and died after a week's illness, but the child who sucked her and lay in the same bed with her, escaped the distemper. De Mertens and others make the same observation.

It is remarkable, however, that the fœtus in utero sometimes receives the disease, and that even where the mother escapes. 'Last year as well as this,' says Mr. Dawes, 'there has been more 'than one instance of a woman's being delivered of an infected 'child with the plague sores on its body, though the mother her'self has been entirely free from the distemper.'*

"It was observed of some of the other exanthemata, that certain constitutions are incapable of undergoing them; the same seems to be true of the plague. Waldshmidt knew a woman who was servant in a family where seven people died of the plague, and afterwards in another, all of whom died of it, and yet remained uninfected. A Greek lad, Mr. Dawes observes, made it his business for many months to wait on the sick, and to wash, dress, and bury the dead, yet escaped the disease.

"Those who have once had the plague are less subject to it than others. This circumstance, together with the success which had attended inoculation for the small-pox, induced some to recommend inoculating for the plague, which has actually been done. In Dr. Guthrie's Letter to Dr. Duncan, there is an account of a surgeon, Mathias Degio, who inoculated himself for the plague. He inserted with a lancet, under the cuticle of the arm, a little of the matter from a pestilential abscess. On the fourth day after inoculation the fever appeared; he treated himself in all respects in the same way as if he had been inoculated for the small-pox, paying particular attention to the cool regimen. His only medicines were cold water and vinegar, with a little wine. The complaint proved so mild, that he was never confined to bed, but was generally in the open air. It was not a more severe complaint than the common inoculated small-pox.

"This surgeon afterwards regularly attended an hospital allotted for the reception of patients under the plague, without feeling any symptom of the disorder; while most of the other surgeons fell a sacrifice to it. From one case, however, nothing conclusive can be drawn; besides, it is far from being uncommon for the plague to attack the same person a second or third time."

On the *Treatment* our author agrees with Dr. Cullen, "the indications are the same as those of fever in general," or, perhaps, more particularly, the contagious typhoid fevers of large cities.

MEDICAL

* In pregnant women the plague generally produces abortion.

MEDICAL AND PHYSICAL INTELLIGENCE.

Dr. Hahnemann's *Preservative Remedy against the Scarlet Fever.*

In a former number of this Journal, we communicated to our readers a notice of a preservative remedy against the Scarlet Fever, discovered by Dr. Hahnemann, but at that time kept a profound secret. However adviseable it may be to distrust such arcana, by which the credulity of the public is frequently deluded, yet we meet sometimes with instances of their having proved very beneficial to the community, when the mystery in which they were involved is disclosed, and their use reduced to a just compass. The remedy, however, of which we are speaking, ought to have excited the suspicions of medical men, not so much on account of its inventor, who has acquired by his works a respectable character among the German physicians, as on account of the singular method of use, as it was ordered to be administered in doses smaller than could be reasonably presumed to have any effect on the human constitution, even if its powers were the most concentrated. *We shall not indulge ourselves in inquiries on the possibility and use of such a remedy,* but only give a short account of what Dr. Hahnemann has stated concerning his remedy. He has but lately satisfied the expectations of the public in a pamphlet, which is intitled, "*Heilung und Verhuetung des Scharlachfiebers,* i. e. Cure and Prevention of the Scarlet Fever, by Dr. Samuel Hahnemann, 1801." After having premised the description of an epidemical scarlet fever that fell under his care, in which he gives an accurate account of the general symptoms of this disease, and of their particular nature and succession in that epidemic, he relates his method of cure, which in most cases proved quite satisfactory. He is of opinion, that there are *two states* to be distinguished in the constitution at the period when the disease has fully taken place. The first, attended with a burning heat, sopor, uneasiness of the body, vomiting, diarrhœa, &c. is relieved in a short time by a very small dose of opium, either externally applied by putting a bit of paper moistened with a strong tincture of opium on the pit of the heart, or given internally. For the external application, he used a tincture consisting of one part of finely pulverised opium purum, dissolved in twenty parts of diluted spirit of wine, with which it was suffered to stand in the cold for a whole week, and the tincture frequently shaken. For internal use, one drop of this mixture was intimately mixed with 500 drops of very diluted spirit of wine; and of this mixture again,

again, *one* drop in 500 drops of very diluted ſpirit of wine. Of this very diluted tincture of opium, containing about $\frac{1}{5000000}$ gr. of opium in each drop, one drop was ſufficient for a child of four years, and two drops for one of ſix to ten years; which doſes were only to be repeated every four or eight hours, ſometimes once in twenty-four hours; and in ſingle caſes, once or twice during the whole diſeaſe. *Nothing will more certainly relieve the above ſymptoms than this mode of employing the opium, the effect of which may be always expected in one hour, and sometimes in only a quarter of an hour, after the application.*

The second diseased state, manifeſting itſelf by the fever increaſing towards the evening, by the entire want of appetite, nauſea, an unſupportable peviſhneſs, is certainly relieved in leſs than half an hour by *ipecacuanha*; of which $\frac{1}{10}$ to $\frac{1}{2}$ of a grain is to be given at the commencement of this ſtate of the body. A tincture of ipecacuanha may likewiſe be uſed for this purpoſe, conſiſting of *one* part of ipecacuanha digeſted for ſeveral days in 20 parts of diluted ſpirit of wine, of which one drop is to be mixed with 100 drops of ſpirit of wine, and the doſe is one drop for the youngeſt, and ten drops for the oldeſt child.

The principal part of the publication is devoted to the preventive remedy againſt the Scarlet Fever, which is *the inspissated juice of the fresh leaves of the wild growing belladonna*, or *deadly nightſhade*, (*Atropa Belladonna, L.*) The author was firſt led to this diſcovery by the ſimilarity of the ſymptoms produced by the belladonna to thoſe which ariſe during the ſcarlet fever. He employed it accordingly; and as it exceeded his moſt ſanguine expectations, he thought it entitled to that praiſe with which he has made it ſo publicly known. The remedy is prepared in the following way: Take a handful of the freſh leaves of belladonna, gathered before the flowering; after having bruiſed them in a mortar, expreſs the juice through a linen bag, and pour it on china plates, where it is ſuffered to evaporate till it be dry. Having pulveriſed it, preſerve it in ſmall bottles that have been previouſly heated. One grain of this powder is diſſolved in 100 drops of diſtilled water; the turbid ſolution is put into a bottle containing one ounce, after having added 300 drops of ſpirit of wine diluted with five parts of water, with which the mortar wherein the powder was mixed with the diſtilled water has been waſhed. The bottle is marked, *Strong solution of Belladonna.* One drop of this is mixed with 300 drops of ſpirit of wine, and the mixture ſhaken for ſome minutes; it is marked, *Middle solution of Belladonna.* Of this ſecond mixture, one drop is again combined with 200 drops of ſpirit of wine, and marked, *Weak solution of Belladonna. This is the preservative,* which contains in every drop $\frac{1}{24000000}$ of a grain of belladonna juice. The doſe in which this remedy is adminiſtered for the purpoſe of preſerving perſons from infection, is, For a child of one year, three drops; for one of three years, four drops; for one of four years, five drops; for one of five years, ſix or ſeven drops; for one of ſix years, ſeven or eight drops; for one of

of seven years, nine or ten drops; for one of eight years, eleven to thirteen drops; for one of ten years, fourteen to sixteen drops; and then with every year two drops more; however, the dose must not exceed forty drops, for people of twenty or thirty years. It is repeated every seventy-two hours during the epidemic, and ought to be continued four or five weeks after. In very severe epidemics, it is advisable to give the second dose twenty-four hours after the first; the third, thirty-six hours after the second; the fourth, forty-eight hours after the third; and the following doses every seventy-two hours. No peculiar regimen is to be observed during the use of this remedy, except that the children must take care not to catch cold, as the effect of the belladonna is much abated by it, and it is therefore proper to increase the dose of the remedy in this case.

The too frequent use of vegetable acids ought likewise to be avoided, because the effects of the belladonna are too much increased by it, according to the experience of Dr. Hahnemann. Any violent action of the belladonna that may accidentally take place, is specifically removed by the above method of employing the opium. In any violent depressing affection of the mind, by which the tendency to infection increases, it is thought proper to administer a few doses of belladonna, besides the regular use, and children naturally peevish should always take a double dose of belladonna solution. The mixture ought to be most intimately combined, and shaken for a good while before it be taken; a circumstance that must be carefully attended to.

Dr. Hahnemann suppressed a beginning scarlet fever, with all its attending symptoms, in the space of twenty-four to forty-eight hours by the use of belladonna, of which he ordered half the dose above mentioned to be taken every three hours, till all symptoms disappeared, and then he continued a whole dose every seventy-two hours, in order to prevent a new infection. When the scarlet fever is fully established, Dr. H. dissuades the use of belladonna.

Any ill consequences that may supervene after the scarlet fever is over, are removed by the same mode of giving the belladonna, except in some single instances, where it did not prove of avail, particularly in the remarkable disposition of the skin to exulcerations. In this case, however, he recommends the juice of chamomile, *matrica chamomilla,* inspissated in the air without heat, as the surest remedy. One grain of it is dissolved in 500 drops, and then intimately mixed with 500 drops of spirit of wine, of which solution, one drop is dropped to 800 drops of diluted spirit of wine, the dose of which is one drop to a child of two years, &c.; and this must be continued every day, till the cure is performed, for a few days. One drop of that solution contains about $\frac{1}{800000}$ of a grain of the inspissated juice. This remedy is likewise of use in vehement coughs and a feverish state, that are sometimes the consequences of a Scarlet Fever.

 Portal's

PORTAL's *Observation of a Motion in the Spinal Marrow.*

It is known, that the motion of the brain keeps pace with refpiration, a phenomenon, that has been alfo obferved by Mr. PORTAL in the fpinal marrow. He faw a child born with a *spina bifida* at the upper part of the back-bone, in which the fwelling of the fpinal marrow could be clearly perceived at every expiration. On opening the body after the death of the child, he difcovered a canal in the middle of the fpinal marrow of the thicknefs of a pen, filled with a reddifh liquor, and communicating with the ventricles of the brain, that contained a fimilar liquor. On cautioufly opening the fpinal canal of new born dogs and cats at its upper part, the fucceffive fwelling and contraction of the fpinal marrow is manifeftly diftinguifhed to correfpond exactly with the motion of the brain. The motion of the fpinal marrow, however, feems only to take place at its upper part; and Mr. PORTAL could neither difcover it in the *spina bifida* of the lower part of the back-bone, nor in living animals, on opening the back bone beneath the fourth vertebra colli, where the motion feems to abate and difappear. It is not improbable but this motion may continue in the natural ftate, the fpinal marrow being thinner than the cavity of the back-bone, and the motion can therefore freely go on. This, however, is not the cafe in the brain, which fills the cavity of the fkull fo exactly, that no fpace is left for allowing any fwelling, and therefore never takes place except when a hole exifts in the fkull, or when the bones are of a particular thin texture. The brain however would certainly fwell at every expiration by means of the blood veffels, and a compreffion of its fubftance be occafioned, if the venæ vertebrales did not convey the blood back, at which place therefore a fwelling is occafioned, which cannot take place in the brain itfelf for want of room. In this way a preffure on the brain is prevented, as otherwife we fhould more frequently be expofed to apoplexies.

Dr. SELIG, *on the Use of the Extractum Cardui Benedicti.*

This remedy is very much recommended in catarrhous complaints of children, and its virtues in all catarrhous difeafes feem to be almoft fpecific. It contains a confiderable quantity of nitre. Two fcruples of the extract are diffolved in feveral ounces of diftilled water, with the addition of 100 drops of effentia cortic. aurantiorum or effentia Scordii, of which mixture, 50 drops are to be given feveral times a day. The remedy is likewife very efficacious in rheumatic complaints, with fpiritus Mindereri, in the dofe of 60 drops every three hours. It is alfo of great ufe in pleurifies, after having undergone the proper evacuations; it diffolves any inflammatory obftruction, and promotes fecretions and the critical excretions by fweat, urine, and expectoration. He farther praifes it in feveral kinds of fore throat, exanthematous difeafes, fcrophula, glanduluar

glandular indurations, obſtructions of the viſcera, icterus, &c. in all which caſes it ought to be combined with proper remedies.

We find the uſe of *Meſembryanthemum cryſtallinum*, L. an annual plant of the ſucculent tribe, very much recommended by Prof. Wendt, of Erlang, particularly in diſeaſes of the urinary ſyſtem. Its medical qualities were firſt made known by Dr. Lieb, of Mitau, in a particular pamphlet, entitled *The Ice-plant,* (Eispflanze, which is the name it bears in Germany) *recommended almoſt as a ſpecific remedy, by D. J. W. T. Lieb, practitioner at Mitau, Hof.* 1785, (German) in which the juice of it is highly praiſed in diſeaſes of the urinary ſyſtem, hooping-cough, accumulation of pituita, and bilious complaints. It ſeems however to have been much diſregarded by practitioners; for, except in Murray's Apparatus Medicaminum, Vol. VI. p. 130; by Fuchs, in Crell's Chemical Annals, 1787, Vol. I. p. 503; Hoffmann, in Almanac for Chemiſts and Apothecaries, 1788, p. 81, who both give an analyſis of the plant; Loeſeke, Materia Medica, Ed. VII. Gmelin, we find it no where mentioned. Dr. Lieb ſays, that the juice taſtes like terra foliata tartari, and he thinks that it contains nitre, though he had not a ſufficient quantity for analyſing it. He gave the juice in a doſe of a table ſpoon full once a day to adults, and half as much to children; and he obſerved, that the urine depoſited a more or leſs conſiderable ſediment; with reſpect to its diuretic qualities he prefers it even to ſquill, and thinks it might be employed with ſucceſs in cacochymies, dropſies, conſumptions, fevers, &c. He relates four caſes in which this remedy proved ſeviceable, three of which were bilious complaints, and one hooping cough; but as he uſed other remedies at the ſame time, the obſervations are not ſo much to be depended upon. According to the experiments of Mr. Fuchs and Hoffman, the plant contains ſeveral neutral ſalts; and the latter obtained from ſix pounds of the leaves, the following conſtituents:

Oil - - - - - - - - - - - - -	48 grains
Sal ammoniac - - - - - - -	7
Sal digeſtivum - - - - - - -	44
Potaſh - - - - - - - - - -	153
Nitre - - - - - - - - - - -	87
Vitriolated tartar - - - - - -	1
Selenite - - - - - - - - - -	6
Alum - - - - - - - - - -	14
Salt, of a ſingular figure like grains, and taſting as nitre, - - - - -	8

The taſte of the plant is cooling, and when eaten as a ſallad it acts purgatively, and cauſes likewiſe a ſediment in the urine. Dr. Wendt relates ſeveral caſes in which he has tried the juice of the above plant with ſucceſs. The firſt was a patient, who, beſides complaints in the bowels, was afflicted with a painful difficulty on making water, for which ſeveral remedies were given without relief; having at laſt obtained a ſufficient quantity

 of

of the plant, it was accordingly employed, and with such unexpected succefs, that the patient got free, after a fhort time, of that difagreeable affection, by its effecting the fecretion of a great quantity of pituitous, ill fmelling matter, that iffued from the bladder. Another patient, who from a conftriction in the urethra, fuppofed to be occafioned by a fwelling of the proftate, was afflicted with an obftinate ifchury, which refifting a great many other remedies, was removed by the internal ufe of the juice of *Mesembryanthemum cryftallinum, L.* It was likewife found to be of effect in the enurefis fpaftica, in which the urine goes infenfibly off by drops, and of which the author alfo relates two cafes. The juice of this plant is an excellent refrigerant, in mitigating the febrile heat, a fymptom which fo exceedingly molefts the patients in hectic and confumptive fevers. The Profeffor employed it likewife with fuccefs in feveral cafes of hooping cough.

Professor ROOSE, *of the Power of the Will on Respiration.*

Refpiration is generally confidered as a voluntary motion. The fuffocating fenfation which we feel, when we endeavour to continue in a ftate of infpiration or expiration, is faid to determine our will to change thefe ftates alternately. But in order to make the continuance of refpiration during fleep agree with this explanation, as that phenomenon feems to contradict the general opinion, refpiration was called a *motio mixta*, without ever regarding by what caufe that function acted, when the will ceafed to influence it. Profeffor ROOSE of Brunfwick, propofes in a letter to Profeffor REIL of Halle, a conjecture refpecting this fubject, which we think worthy of the attention and inquiries of Phyfiologifts.—After having fhortly proved the impoffibility of merely explaining the continuance of refpiration during fleep, and in epileptic and apoplectic fits, from the influence of the will on the organs of refpiration, it appears to him, that it muft be effected by another ftimulus in the body; and he propofes, therefore, the queftion, By what change in the body is the neceffity of the alternate infpiration and expiration produced? With refpect to this queftion, which deferves to be farther difcuffed by phyfiologifts, he is inclined to think, that *the motion of the brain* might throw much light on it.

This phenomenon, which has not yet been fo much attended to as it deferves, does by no means depend on the pulfation of the arteries, as far as we know, from the obfervations of BLUMENBACH, who could exactly diftinguifh that motion from the pulfation of the arteries in a young man of 18 years of age, who had loft part of the fkull. Mr. ROOSE is of opinion, that there might perhaps exift a cafual union between the refpiration and the motion of the brain. At each expiration the blood accumulates itfelf in the brain, and caufes an intumefcence and a ftate of increafed excitation, which, when continuing too long, produces a fuffocating fenfation, but not otherwife. The brain, which is in

this

this way irritated, begins to re-act on the organs of respiration, and thus occasions inspiration, which consequently does not arise from the will, but immediately originates in the change of the action of the brain. On the ensuing inspiration, the intumescence of the brain decreases, and the state of irritation ceases, the muscles of the organs of respiration are relaxed, and thus follows again expiration.

This ingenious idea ought to be farther pursued and ascertained by repeated observations, because it appeared from the experiments of ABILGAARD, that the oxydation of blood seems not to be the only effect intended by respiration, but that there is still something left unexplored in that function. It is therefore more than probable that the alternate and regular motion of the brain may be intimately connected with it, and not merely effected by the influx and reflux of the blood, as is generally imagined.

VAUQUELIN'S *Method of analyzing Minerals.*

M. VAUQUELIN, to whose skill we are indebted for the analysis of many minerals, describes his method in the following way: The mineral, after having been pulverised, is mixed with three times as much potash, and melted in a crucible, and afterwards put into water, in which the mixture dissolves. For discovering whether any of the eight simple earths be contained in the mass, we ought to proceed as follows:

1. *The Siliceous earth* is dissolved in caustic alkalis, particularly in heat, and precipitated by acids; but again dissolved by a superabundance of them, a solution of this earth, in acids, appears like a gelatine. After evaporation, and when dry, it becomes insoluble in these menstrua, by which means we are enabled to separate it from other earths. In this state it is white, granulous, and dry to the touch, and perfectly insoluble.

2. *Argillaceous, or aluminous earth*, is likewise soluble in fixed alkalis and acids, from which, however, it cannot be separated by evaporation; it retains the water, to which it has a great affinity, and its particles concrete in heat, in which state the earth is white, half transparent, and sticks to the tongue. Its combination with sulphuric acid produces, by the addition of a few drops of sulphat of potash, octaedral crystals of alum.

3. *The Zirkon or Sargon earth*, is not affected by caustic alkalis, but acids dissolve it when it is pulverised; it must not, however, be previously calcined. It forms with sulphuric acid an indissoluble salt, but very slightly adheres to the other acids, from which it is separated by a moderate heat. When very finely pulverised it dissolves in carbonised alkalis, which are perfectly saturated with carbonic acid. In its pure state it is of a yellow colour, half transparent, and very brittle, much like gum arabic; but, after being calcined, it is white, opaque, and rough to the touch, and very difficultly soluble in water.

4. *The Glucine or Sweet earth*, dissolves like the Argillaceous earth in acids and alkalis, but more readily in carbonat of ammonia; it yields

yields no alum with ſulphuric acid and potaſh. The ſalts which it forms with acids are ſweetiſh. In a dry ſtate it is very white, light, and ſoft, and without any taſte. Its particles concrete in heat like argil.

5. *Magneſia* unites itſelf with all acids, forming with them very ſoluble and bitter ſalts. It is not perfectly precipitated from its ſolutions either by the carbonate of potaſh or by ammonia. It is by no means ſoluble in cauſtic alkalis, but has much affinity to alum. In its pure ſtate it has a white colour and no taſte, and is very light and indiſſoluble in water.

6. *The Calcareous earth, or Lime,* combines itſelf with acids, with which it yields partly ſoluble and partly inſoluble ſalts. It does not diſſolve in alkalis, and its ſolution in water is made turbid by carbonic acid, but not by ſulphuric acid. It precipitates all preceding earths from their ſolutions, and is itſelf precipitated from its ſolutions by ammonia. In its ſtate of purity it is of a ſharp and burning taſte, and ferments with water, but the ſolution never cryſtalliſes.

7. *The Strontian earth* eaſily enters into a combination with acids, and forms with ſulphuric acid a very ſoluble ſalt. It diſſolves plentifully in warm water, which ſolution ſhoots into beautiful cryſtals ſimilar to ſal ammoniac. Selenites produce a precipitation in its ſolution, which, when combined with muriatic acid and diſſolved in alkohol, burns with a blue flame. This earth has a ſharp taſte, and ferments with water.

8. *Barytes, or heavy earth,* poſſeſſes many properties in common with the Strontian earth, from which it is not to be diſtinguiſhed but by being more ſoluble in cold water, and by its combination with muriatic acid being very little ſoluble in alkohol. It cryſtalliſes when the ſolution becomes cool. Its taſte is ſharp, and it ferments with water; it forms with ſulphuric acid an inſoluble ſalt, and decompoſes the alkalis that are combined with ſulphuric and carbonic acid like the ſtrontian earth; which proceſs is attended with ſuch phenomena as are not perceived by thoſe who have no great experience in chemical proceedings.

Mr. Boeckmann has made ſeveral experiments reſpecting the particular influence of light on phoſphorus diſſolved in different gaſes. It has always been a matter of enquiry and diſcuſſion, whether there is any real difference between heat and light, ſome Naturaliſts having attempted to prove the identity of thoſe two matters; while others maintained, that there exiſted a great diverſity between them. From the experiments of Mr. Boeckmann, however, it ſeems to reſult, that dark heat, and heat combined with light, produce phenomena eſſentially differing from each other; and that, accordingly, we ought not to adopt an identity in the nature of heat and light. As it would lead us too far to relate the ſingle experiments, we ſhall only enumerate the facts that have ariſen from them, and which are the following.

1. The ſolution of phoſphorus in hydrogen gas proceeds not only at a heat combined with light, but alſo at a dark heat.

2. It

2. It proceeds with more ſpeed when the temperature is increaſed, whereby, at the ſame time, a greater quantity of phoſphorus diſſolves than at a leſs degree of heat.

3. When the ſolar light is kept off by opake bodies, either ſolid or fluid, from the glaſs tubes in which the phoſphorus is expoſed to ſolution, no phoſphoric particles are found to adhere to the ſides of the tubes, even when the degree of heat is ſo conſiderable as to melt the phoſphorus; whereas,

4. When direct or reflected ſolar light falls on the glaſs tubes, the phoſphorus is, as it were, ſublimed at the ſides of the tubes.

5. The phoſphoric particles lay themſelves on the inner ſides of the tubes more or leſs quickly, according to the degree in which light acts upon them.

6. Thoſe ſublimations of phoſphorus are even produced when the light is faint.

7. When the glaſs tubes are covered on the outſide with opake ſtripes, alternately with places uncovered, the phoſphorus only adheres at theſe ſpots.

8. The difference of temperature has no influence on the phoſphorus adhering to the places where light acts.

9. The experiments were made in veſſels very cloſely ſhut, ſo that the atmoſphere had not the leaſt ſhare in producing the cryſtallizations of phoſphorus that adhered to the inner ſides of the tubes.

On the whole, in theſe experiments we meet with two phenomena, viz. the ſolution of phoſphorus in gaſes, and the adheſion of it to the ſides of the veſſel in which the ſolution was undertaken, when they are expoſed to the light of the ſun. The ſolution is undoubtedly promoted by heat, though the adheſion never takes place without the action of light. But how this is cauſed, is not ſo eaſily to be reſolved.

According to the obſervations of Prof. Lampadius, water is contained in foſſils in three different ways. 1. Water that only adheres to them; 2. Water of cryſtallization, which goes off at the burning of the foſſils; 3. Water that is ſo intimately combined with them, that it can only be ſeparated by the chemical affinity of ſeveral ſubſtances during the proceſs of melting. Burn, for inſtance, quartz, porcelaine earth, and ſpathum calcareum, every one ſingly, till no more water goes over; mix them together, and melt them, during which proceſs, a conſiderable quantity of water will be ſtill ſeparated.

The diſtilled water of *Prunus Laurocerasus, L.* is a remedy that belongs to the poiſonous ſubſtances, and it ought, therefore, to be employed with great care and prudence. The obſervations remarked by Cameron, Thilenius, &c. on the virtues of that remedy, have induced Prof. Wurzer to make new trials with it on animals; the reſults of which ſhow, that it diminiſhes the force of the

the heart, and the irritability of the muſcular fibres; and that it brings the abſorbent ſyſtem into a greater action. The author preſcribed it in a caſe of hypochondriaſis, in the doſe of fifty drops, to be taken three times a day; by which remedy the patient was completely cured. It is, certainly, very powerful and active, and may prove of great effect in the hands of an able and prudent practitioner.

Mr. Schumacher has found the Fabæ pichurim very efficacious in the fluor albus, particularly when this diſeaſe was inveterate, or owing to debility. The doſe in which he gave it, amounted to three ſcruples given three times a day. After having taken from twelve to twenty-four doſes, the patients found themſelves greatly relieved.

The ſame gentleman employed the Cortex caribæus in ſeveral kinds of intermittent fevers, but without effect. It ſeemed to be of ſome ſervice in rheumatic complaints, by promoting diaphoreſis. He never remarked any emetic quality on uſing it. It was given from half a drachm to one drachm in powder, every two hours, or in a decoction of unc ij. to one pint and a half of water, of which every two hours, half a cup full was to be taken.

Dr. Van Stichell has made ſeveral obſervations on the Cachexy, produced by the abuſe of ſpirituous liquors, and on its proper method of treatment. The habit of drinking ſpirits, ſo familiar to the northern nations, gives riſe to a diſeaſe known by the name of cachexy, the immediate cauſe of which, ſeems to originate in an obſtruction of the *ductus excretorii* of the ſalival and mucus glands, which occaſions a congeſtion of mucus matter in the glands, and a general morbid ſwelling, attended with total loſs of appetite, perpetual thirſt, and a general apathy, which at laſt terminates in death. For curing this diſeaſe, the patient is obliged to abſtain from ſpirits, his ſtrength muſt be kept up by nouriſhing broths; and for reſolving the obſtructions, he preſcribes the waters of Seltz, either pure, or with a little red wine, which effect he expects from them, as they contain carbonat of lime and magneſia.

Cit. Berthollet has made ſeveral obſervations relating to Eudiometry, in a memoir preſented to the National Inſtitute of France. The celebrated Mr. Humboldt having examined and compared the different ſubſtances employed for knowing the quantity of oxygen contained in a given quantity of atmoſpherical air, gave the preference to the nitrous gas, which has been propoſed by Fontana, as abſorbing the oxygen better than other ſubſtances employed for the ſame purpoſe. It contains, however, ſometimes

times a greater or less quantity of azote, which renders its effect not so sure; a circumstance which may be remedied, after the repeated experiments of Mr. Humboldt, by washing the gas intended for use with a solution of sulphat of iron, which absorbs all the nitrous gas, but not the azote that is mixed with it. It is this action of the sulphat of iron that Cit. Berthollet has examined; and he has found, that in this case, the nitrous gas is not only absorbed, but decomposed, and by being deprived of a part of its azote, it is changed into nitrous acid. He thinks, on the whole, that the nitrous gas may differ in the proportions of its two principles, the oxygen and the azote, but that it never contains the azote in simple mixture.

Cit. Portal has communicated some ideas on epilepsy, its cause, and seat in the brain, that is either primarily or secondary affected in this disease of the nervous system. This practitioner adopts two distinct species of epilepsy; according to these two kinds of lesion of the brain, in the second case of which, when the spasmodic state and the pain proceed from one part, and particularly from any external part towards the brain, the methods of cure are generally employed with success. Cit. Portal has used, in two instances of this kind, topical anti-spasmodics, with much effect, applied and rubbed in at the place whence the spasm and the pain seemed to proceed, one hour before the paroxysm came on. These two facts are, indeed, worthy the attention of practitioners, particularly as we have analogous observations of convulsive diseases of the same nature being cured by cauteries luckily applied, by ligatures, accidental burnings, &c.

On the Faba Pichurim, and its constituent Particles, by J. E. F. Kobes, *Apothecary at Berlin.*

The *Faba Pichurim* or *Pecurum*, which has formerly been much used against dysenteries and diarrhœas, but is now obsolete, is the fruit of a tree that grows wild in Paraguay, in South America. Mr. Bergius refers it to the genus Laurus, and gives to it the name of *Laurus pechurim*; which Mr. Schreber however opposes, as the fruit is quite different from that of a laurus. There are the *Faba Pichurim, major and minor*; the first of which is of an oval form, about one inch to an inch and a half long, on its inner side concave, on the outer side convex. Its surface is of a brownish colour, but it contains inside a reddish, friable substance, of a fragrant smell like nutmeg, and they have a bitter and somewhat astringent taste. The little Faba Pichurim is somewhat like the major, but not of so elliptic a form, and its interior substance is of a dark brown colour. From their shining and smooth surface, I concluded that they contained a gross oil. Twelve ounces of the great Faba Pichurim were accordingly reduced to a coarse powder and pressed. but I endeavoured in vain to obtain an oil from them; I undertook however the same operation with the Faba Pichurim minor, and obtained by that means from twelve ounces of the powder of the Faba

Pichurim minor, about five drachms and a half of a groſs oil, having the conſiſtency of Cakoa butter. The weight of the bag in which the preſſure had been undertaken, was found to be augmented by four drachms and a half, after being cleared from the powder, ſo that twelve ounces of the ſmall Pichurim bean yielded about ten drachms of this groſs oil, which has quite the ſmell of the bean, and eaſily concretes in the cold air, and has a greyiſh ſurface. For obtaining the eſſential oil of the great Pichurim bean, I put ten ounces of them, previouſly powdered, into a retort, and having added a ſufficient quantity of water, I diſtilled them at firſt with a gentle heat, which was by degrees increaſed. The proceſs being over, a browniſh oil was found to ſwim on the ſurface of the water, which being again expoſed to diſtillation, four ſcruples of a light yellow oil were obtained. I undertook the ſame operation with the ſmall Pichurim bean, but the quantity of eſſential oil was found to be much inferior in this bean than in the other; whence it appears, that the Faba Pichurim major contains a greater quantity of eſſential oil than the Pichurim minor, that is richer in groſs oil. Though it would not be proper to employ this remedy in form of an extract, as its effects ſeem chiefly to depend on the eſſential oil, yet I made extracts of both ſpecies of beans, in order to know the proportion of extractive ſubſtance that is contained in them. Of eight ounces of the great bean, I obtained four ounces and two drachms of a bitter, ſomewhat aſtringent extract; and of the ſame quantity of the Pichurim minor, I ſeparated two ounces and three drachms of a very mucilaginous extract. The proportion of aſtringent matter is not very conſiderable in both ſpecies of Pichurim beans. For therapeutical uſe it ought to be employed in ſubſtance, or, at leaſt, in a ſpirituous eſſence. The Faba Pichurim was formerly given in powder to ten grains, and chiefly recommended in dyſenteries and diarrhœas by Heuermann.

Prof. Hufeland has made ſeveral experiments by applying a ſolution of phoſphorus in oil, or naptha vitrioli, externally, in frictions, which were of very great ſervice in obſtinate rheumatic and arthritic pains, and in venereal *dolores artium* and *oſſium*; paralytic complaints, and a venereal *tumor* were much diminiſhed by it.

The ſame gentleman mentions two inſtances where the daily uſe of ſweet almonds, together with a few bitter ones, had cured the tape-worm, which had reſiſted the moſt efficacious remedies. If this was proved by farther experiments, it would be very beneficial, particularly for irritable perſons.

It is well known that the troubleſome aſcarides reſiſt many powerful remedies. In one caſe, however of a man who was very much plagued with theſe animals, a tea cup of lime-water was applied by a clyſter, the ſucceſs of which ſimple remedy exceeded all expectation, and anſwered the purpoſe better than any remedy that had been previouſly uſed.

Cit. Bichat

Cit. Bichat thinks, that the caufe of the arteries being found empty *after death*, ought to be afcribed to the reforption continuing fome time after; becaufe we frequently find in them fibrous matter, but no ferum. If this phenomenon arifes, as it is generally believed, from the power of the arteries in propelling the blood ftill continuing after death, and from want of refiftance in the veins, it cannot be well explained why the fibrous matter fhould not quite as well enter the veins as the ferum. Hence it feems probable, that a part of the blood remains in the arteries, where it is decompofed, and its ferous part abforbed by the lymphatics that terminate in the interior membrane of the arteries. A fimilar procefs moft likely takes place in the heart, in which we alfo find much fibrous matter without ferum.

Cow-Pox in the Sixth Century.

In a paffage where Marius, firft Bifhop of Laufanne, author of Annals of His Own Time,* mentions the pox, *Variola*, (there was only one fort at that time) he obferves, that it principally attacked horned cattle. It even appears, that it only attacked mankind the year afterwards, namely, in 571:† From this it is evident, that cows were fufceptible of it. It will turn out very fingular, if the fame animal which firft had this difeafe, fhould furnifh man with the beft preventive of this dreadful malady. It is furprifing, that this difeafe has fcarce ever been obferved amongft cows fince this very ancient æra.

Dr. S. H. Jackson propofes to publifh in the courfe of the enfuing winter, the Firft Part of a work, entitled, "*Elements of Clinical Practice,*" confifting of Medical Hiftories and Obfervations, felected from the records of his attendance on upwards of 24,000 patients of the Weftminfter General Difpenfary, from the commencement of the year 1780 to the prefent time.—The principal defign of this work is to communicate a body of ufeful practical information, concerning the moft important fubjects in the general practice

---

* Marius is the oldeft French hiftorian; he was firft Bifhop of Aventicum, afterwards of Laufanne: He died in 596.

† "Anno 570. Hoc anno morbus validus cum profluvio ventris et *variola* Italiam Galliamque valde afflixit. Et animalia bubula per ea loca maxime interierunt.—Anno 571. Hoc anno infanda infirmitas et glandula, cujus nomen eft puftula, in fupra fcriptis regionibus innumerabilem populum devaftavit.

Muller, in his Hiftory of Switzerland, Book I. page 132, &c. quotes a paffage from *Paul Warnfrid*, agreeing with the above, where he fpeaks de glandulis in modum nucis quas fequebatur febrium æftus; and another from Anastasius, who fpeaks de percuffione fcabierum, ut nemo poffet mortuum fuum internofcere; which, according to *Müller*, agrees with the Small-pox, and which, at firft, as well as the venereal difeafe, was more terrible and fatal in its confequences than others, becaufe they were ignorant of the method of cure at this epocha.

practice of medicine, pointed out in the histories of particular cases, with occasional remarks and illustrations.

Dr. BRADLEY, (removed from *Delahay Street* to *Parliament Street)* will commence his Autumnal Course of Lectures on the Theory and Practice of Medicine, on Tuesday, October 6, at the Lecture Room, No. 102, Leadenhall Street, at six in the afternoon. On one or two evenings in the week, during the season, a Course of Lectures on the Principles and Application of Chemistry will be delivered by a Practical Chemist. The Experiments will be made in the presence of the Pupils.

Dr. BATTY's Lectures on Midwifery will comence on Monday, Oct. 5, at eleven o'clock, in Great Marlborough Street.

Mr. CHEVALIER purposes giving his Lectures on Surgery this season, at the Dispensary in Gerrard Street, Soho, instead of his own house, as was stated in our last Number.

To CORRESPONDENTS.

Mr. Paget's drawings are put into the hands of an eminent artist, and are promised for our next Number.

The Medical Intelligence from Manchester came too late for insertion in our last; and our Correspondent will perceive, by the contents of the present Number, that it is no longer News.

Communications are received from Messrs. Moffat, Blair, *and* Reece.

ERRATA.

Vol. VI. p. 197, l. 5, *for* ℥j. muriatic acid, *read* ʒj.
p. 234, l. 7, *dele* septem punctata.

ADVERTISEMENT.

Persons who reside abroad, and who wish to be supplied with this Work every month as published, may have it sent to them, FREE OF POSTAGE, *to New York, Halifax, Quebec, and every part of the West Indies, at three guineas per annum, by Mr.* THORNHILL, *of the General Post Office, at No.* 21, *Sherborne Lane; to Hamburgh, Lisbon, Gibraltar, and every part of the Mediterranean, at three guineas per annum, by Mr.* BISHOP, *of the General Post Office, at No.* 22, *Sherborne Lane; to the Cape of Good Hope, or to any part of the East Indies, at two guineas per annum, by Mr.* GUY, *of the India House; and to any part of Ireland, at two pounds ten shillings per annum, by Mr.* SMITH, *of the General Post Office, at No.* 3, *in Sherborne Lane. It may also be had of all persons who deal in Books in every part of the world.*